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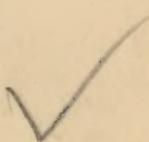


INSTRUCTIONS

FOR

MEDICAL OFFICERS

OF THE

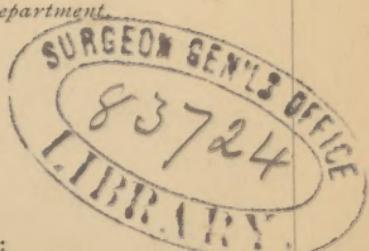


UNITED STATES NAVY.

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INSTRUCTIONS.

INSTRUCTIONS

FOR

MEDICAL OFFICERS OF THE U. S. NAVY.

ARTICLE I.

GENERAL DUTIES.

1.

Medical officers are required to have a knowledge of the laws and regulations relating to their duties.

2.

The senior medical officer of every naval station and of every vessel in commission shall himself keep, or cause to be kept by a medical officer subordinate to him, the following official records:

1. A **List of Patients** in a book provided for the purpose, in which the name, grade or rate, age, nativity, date and place of enlistment, date of admission, where from, date of discharge, number of days on sick-list, disease, and final disposition of every case treated and excused from duty on account of sickness or disability shall be entered in the order of their admission.

On the last day of the current quarter the number of those remaining from the previous quarter, if there be any, those admitted, discharged to duty, discharged from service from any cause, deserted, transferred to hospitals, ships, &c., invalidated to the United States, died and remaining on the list, and the aggregate number of daily sick, shall be summed up for entry in the quarterly report of sick (Form **K**).

On the first day of the ensuing quarter, the names, grades or rates, &c., of those remaining on the sick-list from the previous quarter, shall be re-entered, and following these, with the interval of a blank line, the names, grades or rates, &c., of those admitted during the quarter then begun.

This list of patients will include every case treated and excused from duty, and from it the quarterly report of sick will be compiled, and not, as heretofore, from the Medical Journal.

2. A Medical Journal in form as attached to the blank-books supplied for that purpose, carefully noting the following particulars:

- a.** Patient's name in full, also his grade or rate, both from the muster-roll.
- b.** Age, — years.
- c.** Native of —.
- d.** Color.
- e.** Enlisted at —, on the — day of —, 18—.
- f.** Disease, by name from accompanying Nomenclature, with explanatory remarks, if necessary.
- g.** Time and place of occurrence, or dates between which there was continuous exposure to morbid cause.
- h.** Whether considered to be in line of duty or not in line of duty, state all *facts* that can be elicited, distinguishing between the testimony of the patient himself and that of any other witness, and in express terms accepting or rejecting that of the patient, and giving reasons for so doing.
- i.** Medical officers will observe conciseness in clinical reporting. Common symptoms of ephemeral diseases and details of treatment need not be noted; the simple nosological title will suffice in such cases; as "*Diarrhoea Acuta*," "*Constipatio*," "*Catarrhus*," with statement of origin.

The note, "treatment continued," should appear only when the treatment of the previous day is actually continued; otherwise the expressions "no change," "improving," "convalescing," &c., may better be used. Essential points in the history of important cases should be carefully noted, that they may be published for the information of the profession.

The following are outlines of the phenomena, which should be observed in such recorded cases:

History.

1. Of previous sickness.
2. Of present attack.

Present State.

1. General symptoms.
 - a. Skin—dryness, moisture.
 - b. Pulse—frequency, force, fullness, &c.
 - c. Tongue—coating, moisture, movements.
 - d. Bowels and kidneys.
 - e. Appetite—thirst.
 - f. Thermometric condition.
2. Appearance.
 - a. Size.
 - b. Aspect and expression.
 - c. Color—other than that of race.
3. Position.
 - a. In bed—decubitus.
 - b. Out of bed—gait, manner, strength.
4. Sensations.

Special Symptoms.

1. Innervation.
 - a. Brain.
 - b. Spinal marrow—special senses, motion, and sensational differences.
2. Circulation.
 - a. Heart.
 - b. Vessels.
3. Respiration.
 - a. Number and extent.
 - b. Auscultatory signs.
 - c. Percussion sounds.
4. Digestion.
 - a. Assimilation.
 - b. Excretion.
 - Character of faeces.
 - Character of urine—chemical and physical examination.

If a Post-Mortem Examination is made, all facts ascertained shall be entered in detail.

Records of the Temperature, Pulse, Respiration and Excreta (Form **W**) will be kept, and at hospitals these records will be attached to the case-paper.

When the Journal is written by a subordinate medical officer, it shall be signed by him, and the medical officer in charge will examine it daily and attest its correctness by signing under the word "Approved."

Model for Medical Journal.

U. S. S. —— (— RATE),
NAVY-YARD, ——,
—th, 18—.

Received officers and crew, numbering — persons.

[Signature of Medical Officer.]

—
NAVY-YARD, ——;
—th, 18—.

Inspected the ship's company and vaccinated the following:

[List of vaccinated.]

Instructed men in the 1st and 2d Divisions in the use of the tourniquet.

A. HENRY ASHTON, ordinary seaman, age 25, native of Philadelphia, shipped at Boston, December 3, 1865.

Pleuritis Acuta, originating in line of duty by exposure to a heavy storm, while on lookout, last night.

(Details of symptoms and treatment here.)

Admitted, 1 (I.)

(i. e., 1 sick-day.)

[Signature of Medical Officer.]

Approved:

[Signature of Medical Officer in charge.]

OFF NEW YORK,

January 19, 1873.

HENRY ASHTON: Little fever, slight pain, and low friction-sound on right side.

(Treatment.)

A. JOHN BROWN.

(Describe and index him, etc.)

Admitted, 1.

Discharged, 0.

Total.....(2.)

(i. e., 1 yesterday and 2 to-day, making
3 the aggregate of daily sick.)

Instructed 3d and 4th Divisions in tourniquets, and vaccinated the following:

(List of vaccinated.)

Recommended to the Commanding Officer that, etc., etc.

[Signature of Medical Officer.]

Approved:

AT SEA, LAT. —, LONG. —,

January 20, 1873.

HENRY ASHTON: Convalescent.

D. JOHN BROWN, discharged to duty; no traces of disease remaining.

(This note is made against pension claim by John Brown; if his disease or injury had left any consequences, a careful statement of them should have followed.)

A. HENRY DAVIS:

(Describe and index him.)

A. WILLIAM CULLEN:

Do.)

A. PHILIP BUNCE:

(Do.)

Admitted, 3.

Discharged, 1.

Total, 4.....(7.)

(i. e., 3 yesterday and 4 to-day.)

[Signature of Medical Officer.]

A. in margin means ADMITTED.
D. " " DISCHARGED TO DUTY.
Dsd. " " DESERTED.
DD. " " DIED.
H. " " SENT TO HOSPITAL.
T. " " TRANSFERRED SOMEWHERE.
I. " " INVALIDED TO U. S.

Blank-books for Medical Journals will be supplied by the Laboratory, and each will have its own alphabetical index to be kept as follows :

INSTRUCTIONS FOR USE OF INDEX.

Henry Ashton first appears at page 1, where the description of him is complete; he re-appears at page 34, where reference is made to page 1; again at page 67, and new reference, "see page 1."

<i>Ashton, (Henry.)</i> 1. 34. 67. 89. 121. 156.....	A. In Index.
<i>Brown, (John.)</i> 2. 31. 42. 51.....	B. "
<i>Bunce, (Philip.)</i> 4. 75. 108.....	B. "
<i>Cullen, (Wm.)</i> 4. 19. 63.....	C. "
<i>Davis, (Henry.)</i> 3.....	D. "

When the first line allotted to any name is filled, take up that name again on the next blank line below; *e. g.* :

Ashton, (Henry.) 190. 234.

The Journal may thus be traced for a full history of each case.

When the same patient is admitted more than once, it will be sufficient to refer to his original description, and record only the new or recurring disease; when he is discharged to duty, it should be noted whether any traces of his disease remain.

Every case of disease or disability registered in the Quarterly List of Patients shall also be entered in the Medical Journal in the record of the day on which admitted, and the record of the day must not be considered closed when the morning report of sick is made, but must be kept open until the close of the day, and then be signed by the medical officer on duty during that day.

When medicines, &c., are administered to persons not registered on the list of patients, the prescription and the name of the person

for whom it is prescribed must be written in the Medical Journal, and the name entered in the index of the Journal.

3. A yearly Abstract of Patients.

This is intended to be a concise, alphabetical record of every case of disease or injury occurring in the Navy. It is to be written by the medical officer himself only, and must be exact in every particular of date, spelling of name, personal description, disease, and origin, whether in line of duty or not in line of duty. Each case must be complete in itself; such abbreviations as "ditto," for example, are never to be used.

The column "HOW DISCHARGED" is to be left blank when the patient returns to the duty from which he was relieved; but, in all other cases, the fact of *death*, or of *transfer* (as to *hospital* or some *other vessel*), the *expiration of enlistment*, or *discharge from service with certificate of ordinary disability or otherwise*, should be recorded. The entry under "ORIGIN," must be either *duty* or *not duty* (which are always to be understood as equivalent to "originating" or "not originating in the line of duty"); and in the column "REMARKS," a concise, abbreviated statement of all the facts on which the opinion is based, no matter what origin. This statement is designed as an epitome of the complete history of such cases in the Medical Journal.

Separate sheets will be used for each letter of the alphabet; and at the end of the year they will be transmitted to the Bureau for binding; new sheets will be opened on the first day of each ensuing year, with the names of the sick then remaining under treatment.

The signature of the medical officer in charge must be attached to each page of this Abstract, in the lower right-hand corner; and should he be relieved from duty before the page is filled, his name should appear on the line next after the last entry, at the date of his detachment.

4. A Report of Sick (Form J) will be made to the commanding officer every morning; all persons excused from duty for any cause, however slight, and all persons under treatment, whether excused from duty or not, must be included in that report, which should also contain any sanitary recommendations the medical officer may have to make. This report will be forwarded in a sealed envelope to the

commanding officer. A list of all persons excused from duty will be placed in the binnacle every morning. (**Binnacle List.**)

When spirituous liquors are prescribed, they must be administered by some person to whom that duty is specially assigned by the medical officer in charge.

The execution of verbal orders shall be immediately reported to the medical officer who gave them.

5. When a patient is transferred from one medical officer to another, he must be accompanied by an accurate statement of his case, embodying all facts in evidence of origin of disability, whether in line of duty or not; if a rated man, his effects must be transferred with him (**Hospital ticket**, Form **G**), and a full record of his case made, both in the Medical Journal of the vessel or station *from* which he is transferred, and that *to* which transferred; all such cases to be reported to the Bureau, in the sick-report (Form **K**).

6. On the 1st day of January, April, July, and October, a **Report of Sick** (Form **K**) will be made for the preceding quarter, or such part of it as may have been involved; this report must be sent to the Bureau, or to the surgeon of the fleet; and it should be made with care and neatness. The instructions on the model form will indicate its precise use, and the report will be accompanied by the following vouchers:

- a.** A triplicate receipt for articles obtained from the Naval Laboratory, or from any person in charge of stores for distribution.
- b.** A triplicate of all bills paid.
- c.** On the 1st of April and October, requisitions in quadruplicate for all regular supplies for the next six months.
- d.** Papers of any kind referring to public service during the quarter.
- e.** A daily record of atmospheric observations (Form **Z**) will be made on board all ships in commission furnished with the necessary apparatus. At the end of each quarter these observations will be forwarded with the other quarterly returns.

7. Certificates of Ordinary Disability (Form **R**) and

8. Certificates of Death (Form **S**), and all other papers interesting to parties claiming pensions, are to be forwarded, without delay, through the proper channels to the surgeon of the fleet or to the Bureau.

Medical officers of cruising vessels will note on the Quarterly Report of Sick (Form **K**) the ports visited and the number of days at sea and in port during the quarter.

The senior medical officer will prepare all his own receipts and returns, permitting fair copies only to be made for his signature.

When one medical officer is relieved by another, he shall leave with his successor all official papers necessary to carry on the duty; and for such papers he shall take a receipt in duplicate, and forward one to the Bureau.

9. On shore-stations, hospitals, and receiving-ships the senior medical officer shall make an **Inventory**, on the 1st of July, of all property belonging to the medical department in his charge, and transmit it to the Bureau.

10. The senior medical officer of every vessel and station will make a **Sanitary Report** to the Bureau on the 1st of January, or at the end of a cruise, if less than a year, under the heads of Hygiene, Climatology, and Medical Topography of any station or place visited, with all attainable information respecting statistics of disease and its causes, establishments for the care of the sick, charitable institutions, medical colleges, or other matters of professional interest.

From stations this report will be forwarded to the Bureau, and from vessels will be transmitted to the surgeon of the fleet, to be forwarded by prescribed channels.

It will be sufficient, when the facts under any head have been fully reported on one or more occasions, simply to refer in subsequent reports to the dates when such details were originally reported.

Assistant surgeons, candidates for promotion, shall present to the Board of Examiners testimonials of proper habits from the medical officers with whom they have been associated on duty; also a medical journal, in the candidate's own handwriting. This shall be a record of professional experience in the Navy, and shall contain detailed accounts of their most important or typical cases, with original ob-

servations upon the hygiene of the vessels and stations to which they may have been attached; and upon medical topography, hospitals, and other matters of professional interest on such stations, at home and abroad.

Assistant surgeons, whether passed or otherwise, shall see that medicines are properly weighed or measured, and labeled, for distribution to the sick.

When any person is reported ill or injured, he will be immediately visited by a medical officer, who will not prescribe nor order his removal without personal inspection of the patient.

Passed assistant and assistant surgeons, when in separate charge, will be governed by these Instructions, with which they are expected to be familiar, and upon which assistant surgeons will be strictly examined.

ARTICLE II.

SUPPLIES.

1.

The Director of the Laboratory will receive timely notice of the probable force to be kept afloat; and, for this and other current wants, he will keep on hand, by manufacture or otherwise, an adequate stock of the articles enumerated in the **Supply-table**.

2.

Whenever a vessel is to be made ready for sea he will be notified to prepare her outfit; and on forwarding it he will transmit to the senior medical officer of the vessel, medical outfit-papers, in duplicate, and a priced invoice, who, after ascertaining their correctness, will sign attached receipts, send one copy to the Bureau, the other to the Laboratory, and retain the priced invoice.

3.

The Laboratory is not held responsible for loss or breakage of articles properly packed; nor shall such loss be made good in any other way than by supplementary requisition. The articles lost or destroyed should be accounted for as expended.

4.

Requisitions (Form **B**), in quadruplicate, are to be made semi-annually, on the 1st of April and October.

5.

In making requisitions for utensils of any kind to be furnished by the Laboratory, medical officers will be precise in giving measurements of capacity, and the kind and quality of every article required, and in naming medicines to be equally careful that the quantities asked for shall agree with those of the Supply-table, so as to avoid breaking packages.

6.

Articles not on the Supply-table may be called for by special requisition (Form **B**) but these are not to be made unless the articles are considered indispensable.

7.

On the 1st of April and October the surgeon of the fleet will make requisitions for articles to be distributed, and from this stock he will, as far as possible, supply medical officers, on approved requisitions (Form **B**).

8.

On foreign stations the surgeon of the fleet will purchase or select the necessary supplies.

9.

The senior medical officer of a vessel temporarily separated from the flag-ship may make purchases upon requisitions approved by the commanding officer. Upon rejoining the flag-ship the necessity for making such purchases must be recognized by the approval of the surgeon of the fleet and that of the commander-in-chief.

10.

When a vessel is put out of commission on the Atlantic sea-board her surgical instruments and medical stores of every kind, carefully packed and accompanied with an accurate inventory, in triplicate, made out in the order of the Supply-table, stating the quantity and condition of the articles, and signed by the senior medical officer of the vessel, will be transferred to the medical officer of the navy-yard, who will forward them, with the papers, by the first public conveyance to the Laboratory. All stores and instruments received at the Laboratory will be surveyed according to regulations, and such as are fit for reissue will be accounted for in the general stock of the Laboratory.

On the Pacific coast the medical stores, &c., of vessels put out of commission will be transferred in the same manner to the medical officer at the navy-yard, Mare Island, who will request a survey upon them, and hold such as may be fit for reissue subject to requisition as part of his stock on hand.

11.

When medical officers transfer public property they will accompany it with a packing-list and an accurate inventory in triplicate, in the order of the Supply-table. The receipts on the inventories will be signed by the officer receiving the property, who will retain one copy, send one to the Bureau, or to the surgeon of the fleet, and one to the officer from whom the property is received.

12.

Pay-officers of vessels and officers in charge of public stores at navy-yards and stations are authorized to supply articles required in the medical department, and to take receipts for them, as prescribed by the Bureau of Provisions and Clothing (Form **C**). Medical officers will not be permitted to keep current accounts with apothecaries or other persons, except for washing, and contracts for provisions and groceries for the sick under their charge.

13.

At the end of the cruise the senior medical officer will forward to the Bureau the Medical Journals, Quarterly List of Patients, Abstract of Patients, and all periodicals supplied to him, and a final return of property (Form **D**).

14.

When medical stores are publicly sold, the medical officer in charge of the property shall prepare an **Account of Sale** and an **Invoice**, in duplicate, of the articles sold. The original of each is to be forwarded, without delay, to the Surgeon-General, and the duplicate to be retained by the medical officer.

Account of Sale.

[In manuscript.]

Article.	Number or quantity.	Purchaser.	Rate.	Dollars.	Cents.
Total.....					

I certify that the preceding account is correct.

[Signature of Medical Officer.]

15.

Medical officers receiving money from the sale of public property, shall deposit the same, without delay, in the nearest government depository, to the credit of the Treasurer of the United States, taking triplicate Certificates of Depositor Receipts therefor, duplicates of which shall be forwarded directly to the Surgeon-General, the remaining certificate of deposit or receipt to be retained by the medical officer.

ARTICLE III.

RECRUITING.

1.

Medical officers will exercise great care in the performance of this important duty; and hereafter, when **Reports of Medical Survey** or **Hospital Tickets** represent a disability to have existed prior to enlistment, the fact shall be reported to this Bureau, which will hold the medical examiner who passed the recruit accountable for the improper enlistment.

2.

The applicant for examination shall be required to be sober and clean, and having had the **Declaration** on Form **Q** fully explained to him, he must sign it in the presence of the medical examiner.

3.

The latter will then proceed to make a thorough inspection of the body of the applicant. While permitted to exercise his own discretion as to the routine of procedure, he must not omit inquiry, in any case, on all the points indicated below, and he shall, before affixing his signature to the **Certificate of Physical Examination**, or **Record of Physical Condition** of minors and re-enlisted men, make accurate entries of the facts called for, under the appropriate headings:

General Surface. Applicant, entirely nude, to stand erect before the examiner in a broad light, and present front, rear, and sides successively.

[*NOTE.—Retarded development, deformity or asymmetry of body or limbs; knock-knees, bow-legs, or splay feet, especially in minors; spinal curvatures; feebleness of constitution; strumous or other cachexia; emaciation; obesity; cutaneous or other external disease; glandular swellings or other tumors; nodes; varicosities; cicatrices; indications of medical treatment, leech-bites, blister-stains, seton or scarification scars; and evidences of small-pox or successful vaccination.*]

Extremities and Articulations.—Applicant to present dorsal and palmar surfaces of both hands; to flex and extend every finger; to grasp with thumb and forefinger, and with whole hand; to flex and extend, pronate and supinate wrists and forearms; to perform all the motions of shoulder-joints, especially circumduction; to extend arms at right angles to body, and then bend elbow and touch the shoulders with the fingers; to elevate extended arms above the head, palm to palm, then dorsum to dorsum; (note *enlarged axillary and inguinal lymphatics*); to evert and invert feet; to stand on tip-toe, coming down upon the heels quickly, and then lifting toes from floor; to flex each thigh alternately upon the abdomen, and, while standing on one leg, to hop with each foot; to perform all the motions of the hip-joint; and to walk backward and forward slowly and at double-quick. (*Note any disability of extremities or articulations, from any cause.*)

Thorax.—Note effects of these violent exercises on heart and lungs—observe movements of chest during prolonged inspiration and expiration—examine by percussion and auscultation front and rear. (*Incipient pulmonary phthisis, valvular disease.*)

Abdomen, Groins, and Genitals.—With hands on the head and chin up, applicant to cough violently (*relaxation of umbilical and inguinal regions: hernia: concealed venereal disease, especially beneath prepuce and within orificeum urethrae: varicose: orch.t. and other abnormal conditions of testes*).

Spine and Perineum.—Applicant to bend body forward, with knees stiffened, feet wide apart, hands touching the floor, and nates exposed to strong light (*hemorrhoids: prolapsus: fistulae*). While stooping, make firm pressure on each spinous process of the vertebrae (*spinal tenderness*).

Head, Face, and Neck—

1. Motions of head, neck, and lower jaw.
2. Cranium—(*malformations: depressions: cicatrices: tinea, etc.*).
3. Ears—(*polypti: otorrhœa: perforations: dullness of hearing*).

4. **Eyes**—(*absence of cilia; tarsal redness; obstructed puncta; corneal opacities; adhesions of iris; defective vision; color-blindness; abnormal conditions of conjunctiva; etc.*).
5. **Nose**—(*polypi; ozana; chronic nasal catarrh*).
6. **Mouth—teeth—tongue—fauces**—(*hypertrophied tonsils; syphilitic affections; impediments of speech*).

The Intelligence of the applicant will be evident from the character of his replies to inquiries respecting former residence and occupation, family history, etc.

The Age of the applicant must be constantly kept in view by medical examiners in determining their standard of physical requirements. Whenever a doubt exists as to the physical fitness of a minor, the interests of the government require that he should be rejected.

4.

The following instructions will be strictly followed in every case of entry in **Certificates of Physical Examination and Records of Physical Condition**:

Names.—The whole name (christian, middle, and surnames) to be legibly written out, without abbreviation, and correctly spelled, preference being given to the original spelling of foreigners' names. The surname to be distinguished by being underlined.

Date of Birth.—Year, month, and day to be ascertained whenever possible.

Place of Birth.—Specify city, town, or other locality of whatever nationality.

Complexion, Hair, and Eyes are not to be described as simply "light or dark," but the character and degree of color are to be as accurately stated as possible; as **Complexion**—*pallid; sallow; fair* (only when decidedly clear); *ruddy; florid; dark* (tawny, sunburnt, or tanned); *very dark* (swarthy, dusky); *mulatto; negro; etc.*

Hair.—*Flaxen; sandy* (yellowish-red); *auburn* (reddish-brown); *irican* (light, dark, or very dark); *black*; also whether *thin, bald, curly, straight, wool, etc.*

Eyes.—*Blue; gray; blue-gray; yellow-gray; hazel* (light brown); *brown; dark brown; bicolored* (as when the pupillary border is of a different color from rest of iris); also state when the two eyes are of different colors.

Other Personal Characteristics.—Any prominent physical trait not inconsistent with bodily vigor, or not in such degree as to constitute cause for rejection—*hanness, or the reverse; hirsuteness; slight asymmetry of body or limbs, knock-knees, bow-legs, or splay feet; peculiarities of teeth and genitalia; slight variocele or circoscele; etc.* In this connection, medical examiners are to remember that trivial imperfections that might pass in men should reject boys.

Former Residence.—Whether in city, town, or country; and in healthy or unhealthy localities.

Former Occupation.—Whether at school or at work—arduous or light—in door or out.

Family History.—Any fact suggesting predisposition or tendency to or exemption from morbid action (*longevity, decease, insanity or sickness of parents or near relatives*).

Age—to be expressed in years and months; and the month to be *always the month concluded and not the month current*.

Weight—accuracy of scales to be ascertained before using—body nude.

Height—to be expressed in inches, the body to be erect—the chin neither elevated nor depressed—the feet and knees touching—legs stiff, and arms hanging perpendicularly. The vertex bar must be at right angle to the upright, which must be plumb. The perineal height must be measured as close to the extremity of the spinal column as possible, the nates being separated when necessary.

Thorax—circumference to express the *mean* of the greatest after forced inspiration and of the least after forced expiration, measured by a tape-line horizontally at the precise level of the nipples; the difference between the greatest and least circumferences being entered as **Expansion**.

Spirometer (Hutchinson's)—applicant to be carefully instructed, and several trials to be made before measure is recorded. (When no instrument is furnished, this column is to be left blank.)

Vision—to be expressed as a fraction, of which the numerator will be the distance at which Snellen's twenty-foot test can be determined, and the denominator 20.

Color-perception—to be always carefully determined.

Health, Sickness, etc.—Enter in last column, *in every case of rejection*, the disability unsuiting the applicant for service, and in other cases, any abnormal condition, former grave illness, or serious injury not inconsistent with present bodily vigor. In re-examination of *minors* and *continuous-service men*, here enter statement of health since previous examination, and affix signature of the medical officer making the re-examination.

Puberty.—In the case of minors, the facts always to be noted, whether there are "no signs of," "incipient," "advanced," "established," etc.

No **Apothecary, Nurse**, or other person than a medical officer shall be permitted to conduct any part of a physical examination, nor to make any measurement or original entry on any paper or record of enlistment.

5.

A Record of Physical Condition of all minors in the Navy, including cadets and apprentices, shall be kept according to the form prescribed [*Descriptive List*], examinations for the purpose being made at intervals of twelve months, by a medical officer who shall affix his name to each examination. In the case of cadets, this record shall be preserved at the Naval Academy. The Physical Record of apprentices and other enlisted minors will be printed on parchment-paper similar to and of the size of Continuous-Service Certificates, and shall constitute the Descriptive List of said minors and accompany them throughout their career in the service.

A similar record of the successive examinations prior to re-enlistment of continuous-service men shall be attached to the Continuous-Service Certificate and form an indispensable part of it. In the case of adults the column "Puberty" shall be omitted, and annual examinations will not be required.

When minors remain in the Navy as continuous-service men their record prior to their maturity shall also be included with that subsequent.

6.

An accurate **List of Persons Examined** (Form **X**) for enlistment or appointment in the naval service, whether accepted or rejected, and embracing the several particulars constituting the Descriptive List (Form **Q**), shall be kept at all regular rendezvous, naval stations, vessels in commission, or other places where such enlistments are made, and on the 1st of January, April, July, and October the senior medical officer of regular rendezvous, training or receiving ships, shall forward to this Bureau an **Abstract of Enlistments** (Form **X¹**), in alphabetical order, and a like **Abstract of Rejections** (Form **X²**), on which latter the causes of rejection shall be fully stated. From all other places and vessels these abstracts shall be forwarded annually on the 1st day of January, or on the closing of any station, or the going out of commission of any vessel.

In every case the name of the medical examiner or of the senior member of the board of examiners shall be appended to each examination.

7.

Whenever enlisted or appointed men are transferred to another ship or station, or are discharged from the Navy, they will be accompanied by a **Descriptive List** (in the latter case printed or written on the discharge) signed by the executive officer and senior medical officer of the ship or station from which they are transferred or discharged, and a rigid adherence to the spelling of the name and other facts in the original Descriptive List (Form **Q**) as prepared by the medical examiner, shall be exacted, unless manifest errors are discovered, when these will be reported to the Bureau of Medicine and Surgery.

Medical officers will be particular to note on this list the state of health of the individual during the time he has been attached to ship or station from which transferred or discharged.

8.

In cases where infirmities or defects not amounting to disqualification for special ratings are waived by the Navy Department, the medical examiner shall fully describe the same on the **Certificate of Physical Examination** and other **records of enlistment**, and

at once report the fact to the Bureau of Medicine and Surgery that no claim for pension may be based on them; and such infirmity or defect shall always be set forth on the **Descriptive List** of the person enlisted.

RECEIVING-SHIPS.

1.

When the rendezvous is distant from the receiving-ship the medical officer of the latter will repeat the physical examination of recruits, as soon as they arrive on board, in the manner as ordered for rendezvous; if he discover any defects, he will report to the commanding officer that the recruit ought not to be received.

2.

Every accepted recruit shall be immediately vaccinated; and a **Report of Vaccinations** and their results shall be made according to Form **V**.

3.

In all matters not relating to recruits as such, medical officers will be governed by general rules.

ARTICLE IV.

SEA-GOING SHIPS.

1.

As soon as possible, after reporting for duty, the senior medical officer shall inspect the dispensary and store-rooms; scrutinize outfit; prepare medicines and instruments for use; put aside, to be returned to the Laboratory, all articles superfluous or inconvenient to secure; and, finally, report his department ready for inspection.

2.

Having secured everything for sea, the medical officer will open his **Medical Journal**, entering the day when officers and crew were received.

3.

He will examine the crew by divisions; report disqualifications for service; call for medical survey (Form **M**), if necessary; vaccinate all who may require it; and instruct those persons on board in the use of the tourniquet who may be designated for that purpose by the commanding officer.

4.

He will always be prepared for battle, and, after an engagement, will report casualties to the surgeon of the fleet and commanding officer, giving full name of each man killed or wounded, and prepare, for the Bureau, a statement of the various injuries incurred, the result of surgical operations, and other facts necessary to make the history of each case complete.

5.

All wines and spirituous liquors, mineral acids, and inflammable fluids must be locked up by themselves, to be disposed of, in case of fire, as the exigency may demand.

ARTICLE V.

SURGEON OF THE FLEET.

1.

The surgeon of the fleet will exercise supervision over medical officers serving with him; and, from time to time, inspect their journals, abstracts, instruments, dispensaries, and store-rooms.

2.

He will assure himself of the correctness of all medical reports and returns, and indorse, as approved, certificates of death and of disability, and reports of survey, before forwarding them to the Bureau.

3.

He will examine and approve all requisitions for medical and hospital stores for the fleet or squadron and inspect their quality, and he will make and transmit to the Bureau records of the character and treatment of disease in the squadron or fleet.

4.

He will suggest measures for preserving health in the fleet.

5.

On the probability of an engagement, he will assure himself that the medical department of every vessel is prepared for the treatment of wounded, and, after battle, will make to the commander-in-chief, and to the Bureau, a **summary report of casualties**.

6.

As early as possible after securing correct quarterly reports (Form **K**), he will condense them into an **aggregate report**, for this Bureau. This will embrace all diseases in the squadron, and give a summary of bills incurred, and an epitome of the remarks of medical officers, in cases likely to give rise to pension-claims.

ARTICLE VI.

HOSPITALS.

The medical officer in charge of a Naval Hospital will enforce the strictest obedience to the laws and regulations of the Navy Department, in accordance with the established usages and discipline of the service.

1.

The hospital, its grounds and appurtenances, and all persons and property attached or belonging to it, are under his control. He is responsible for the proper treatment of the sick, and for the good order, cleanliness, discipline, and economy of the entire establishment, which it is his duty to keep at all times and in every respect in good condition, and for this purpose he will exact from all his subordinates, patients, and employés, prompt and respectful obedience to his orders.

No punishment will be inflicted without his order.

2.

The medical officer second in rank will reside in the hospital and have the general charge of the medical duty under the orders of the medical officer in charge, to whom he will be responsible, and whom he will always consult in severe or obscure cases of disease or injury, and without whose approval he will perform no important surgical operation, except in those cases where delay would be injurious to the patient.

He will attend all officers who may be patients, except such as the medical officer in charge may think proper to reserve for his own especial treatment. He will assign their respective duties to the junior medical officers, with the approval of the medical officer in charge, and will see that these duties are properly performed, and will immediately report to his superior any neglect of duty or breach of discipline.

He will take care that an accurate record of every case treated in the hospital is kept in conformity to the regulations, and will be

careful that every such record is in neat and legible handwriting. When the record is closed he will sign it with his name and rank and will be responsible for its correctness.

He, or an assistant surgeon by his order, will make a careful daily inspection of the wards, dining-rooms, kitchens, laundry, and cellars, and report their condition to the medical officer in charge.

He will inspect all provisions, medicines, groceries, food, bed and table furniture, etc., that may be received for the use of the hospital, and report any deficiency in quality or quantity to the medical officer in charge.

3.

Junior medical officers will perform such duties as may be assigned to them by the officer in charge. Those who are intrusted with the treatment of patients will be expected to visit them at least twice a day, and to remain in attendance upon critical cases as long as may be requisite, either by night or day.

It is required that a medical officer shall be detailed, daily, for duty as "officer of the day," who shall not during his term of duty leave the hospital building unless relieved. He shall hold himself in readiness to give his services without delay when called upon; he shall inspect the food at meal-time before it is served up, and see that it is properly cooked. He shall attend to the admission and discharge of patients, and be careful that proper papers in each case are sent and received.

It is the duty of every medical officer having charge of patients to see that the medicines prescribed are properly administered; suitable diet furnished; dressings applied and changed, and that the comfort and welfare of the sick are cared for in every respect. Each medical officer having charge of a ward will be held strictly responsible for its order and neatness, and for the good conduct of every one within it.

4.

All other persons employed in the hospital establishment will perform such duties as may be assigned to them by the medical officer in charge.

5.

Convalescent patients may be required to assist in nursing, and to do other light duty about the house or grounds; but they must not be retained in the hospital for that purpose after they are fit for duty.

6.

Patients will be admitted on **Hospital Ticket** (Form **G**); but in emergency the Ticket may be delayed until next day.

7.

The medical officer in charge may also, of his own authority, or by order of the commandant, receive patients without hospital tickets; but he shall report the emergency, and the authority on which he acts, and make a hospital ticket, to be filed with the Case-paper.

8.

No person in hospital shall be entitled to any service except that of the regular hospital attendants.

9.

Admission of patients.

The following forms are to be observed:

a. When the hospital ticket is found correct, indorse and file it, with accompanying papers relating to the case; if defective, return it to the medical officer signing, directly, when he is at hand, or, otherwise, through the Bureau.

b. Enter name, etc., as follows:

1st. In the **General Alphabetical Register of Patients** (Form **E**), which is the permanent hospital record for future reference.

2d. In a **Quarterly List of Patients**, which must be closed at the end of every quarter, and reopened at the beginning of the next, with the names of patients "continued to next quarter."

3d. In the **Abstract of Patients** (Form **F**).

4th. On the morning of admission, in the **Journal of Subsistence**, as the patient's ration is to be stopped that day. In this Journal should be noted also the employment and discharge of attendants, and the rations charged to officers reporting or detached.

c. Open **Case-paper** (Form **H**).

d. Whether seaman or marine, from the receiving-ship or other vessel, send **Ration Notice**, as prescribed by the Bureau of Provisions and Clothing, to his own pay-officer; if a marine from neighboring barracks, send the ration notice to the commanding marine officer.

10.

Discharge of patients.

a. No person in hospital will be discharged from the service without having been previously surveyed by a board of medical officers.

b. The discharge of a marine requires a **Certificate of Ordinary Disability** (Form **R**) to be sent, in triplicate, to the commanding marine officer, who affixes his signature to the Descriptive List, retains one copy, and returns the other *two* to the medical officer in charge, for him to forward to the commandant of the station.

c. The record of facts, appended to certificates of any kind, is to be copied into the hospital **Certificate-Book**.

d. When a patient having pension-claims receives his discharge, it shall be noted, that day, in the **General Register** (Form **E**) and **Journal of Subsistence**, and in the **Case-Book**, with the number of his Case-paper, as also in all other hospital records where his name appears; meanwhile, his **Case-paper** must be filed, with the **Hospital Ticket** attached, and a memorandum of his present condition as to pension-claims; the same for patients without claims, except the Case-Book record.

e. Report all discharges to the commandant of the station; and in cases of seamen or marines belonging to the receiving-ship or other vessel, to the commanding officer, with notice to the pay-officer, so that he may reissue rations. Make a similar report of marines from barracks, to their commanding officer.

11.

Daily duties.

- a.** Sick to be visited by medical officers at 9 a. m. and 5 p. m. in winter, and in summer at 8.30 a. m. and 6 p. m. Prescriptions to be made up and delivered to the nurses at 10.30 a. m.
- b.** Enter in the **Special Diet-Book** (Form **U**) under heading "No. of bed," the orders for special diet.
- c.** Keep up **Case-papers**, with **Clinical Record** (Form **W**) appended.
- d.** Write up **Journal of Subsistence** for previous day.
- e.** Receive gate-keeper's reports of **tickets of leave**.
- f.** When dinner is reported, inspect food on the tables.
- g.** Whenever matured, forward to the Bureau the following papers:
 - 1. **Certificate of Death** (Form **S**) in duplicate.
 - 2. In one envelope, accompanied by letter of transmission, **Reports of Surveys** (Form **N**) in duplicate, and **Declarations for Pension** (Form **T**) single, accompanied with a pay-officer's Certificate of Discharge.

12.

Weekly duties.

- a.** On Sunday morning, complete and sign **Weekly Report of Sick** (Form **I**) for commandant, and **Report of Beds** (Form **P**) for Bureau.
- b.** On Monday morning, forward them.

13.

Quarterly duties.

- a.** Form **K**, with its proper vouchers of expenditures.
- b.** **Separate vouchers** for repairs and improvements of buildings and grounds.
- c.** **Hospital-Ration Return** (Form **L**) to Bureau, and a similar account of marines at a post, to their commanding officer.

d. Complete entries in the book of **Receipts and Expenditures** of Medicines, Stores, etc., received during the quarter.

14.

Semi-annual duty.

Requisitions, in triplicate, on the 1st of April and October, contemplating the next ensuing six months.

15.

Annual duty.

Abstract of Patients (Form **F**) to Bureau of Medicine and Surgery.

16.

Medical officers of hospitals will make no changes in hospital buildings or grounds without permission from the Bureau.

17.

Bills for repairs or for any articles, except for daily supply of provisions, will not be contracted without previously obtaining the approval of the Bureau.

18.

Medical officers at stations and hospitals will carefully scrutinize the monthly pay-roll (Form **Y**) of persons employed under the Bureau before signing.

19.

The products of the grounds shall be expended for the benefit of the hospital at the discretion of the medical officer in charge.

Full Diet.

In hospitals, the following **Diet Tables** will be closely followed for patients; but the allowances to attendants' messes may be varied at the discretion of the medical officer in charge, provided the value of the ration be not exceeded:

	BREAKFAST.	DINNER.	SUPPER.
Sunday	Coffee (oz., 1)...pt. 1	Roast beef oz. 12	Tea (oz., $\frac{1}{4}$)pt. 1
	Bread oz. 6	Bread oz. 4	Bread oz. 6
	Butter oz. 1	Potatoes oz. 10	Butter oz. 1
	Stewed mutton...oz. 4	Other vegetables.oz. 4	Sugar oz. 1
	Sugar oz. 1	Pickles oz. 1	Milk oz. 2
Monday	Milk oz. 2		
	Coffee (oz., 1)...pt. 1	Mutton oz. 12	Tea (oz., $\frac{1}{4}$)pt. 1
	Bread oz. 6	Bread oz. 4	Bread oz. 6
	Butter oz. 1	Potatoes oz. 10	Butter oz. 1
	Beef hash... oz. 4	Other vegetables.oz. 4	Sugar oz. 1
Tuesday	Sugar oz. 1	Pickles oz. 1	Milk oz. 2
	Milk oz. 2		
	Coffee (oz., 1)...pt. 1	Boiled beef oz. 12	Tea (oz., $\frac{1}{4}$)pt. 1
	Bread oz. 6	Bread oz. 4	Bread oz. 6
	Butter oz. 1	Potatoes oz. 10	Butter oz. 1
Wednesday	Mutton hash... oz. 4	Other vegetables.oz. 4	Sugar oz. 1
	Sugar oz. 1	Pickles oz. 1	Milk oz. 2
	Milk oz. 2		
	Coffee (oz., 1)...pt. 1	Beef soup pt. 1	Tea (oz., $\frac{1}{4}$)pt. 1
	Bread oz. 6	Pork oz. 12	Bread oz. 6
Thursday	Butter oz. 1	Beans oz. 4	Butter oz. 1
	Beef hash oz. 4	Bread oz. 4	Sugar oz. 1
	Sugar oz. 1	Potatoes oz. 10	Milk oz. 2
	Milk oz. 2	Pickles oz. 1	
	Coffee (oz., 1)...pt. 1	Roast beef oz. 12	Tea (oz., $\frac{1}{4}$)pt. 1
Friday	Bread oz. 6	Bread oz. 4	Bread oz. 6
	Butter oz. 1	Potatoes oz. 10	Butter oz. 1
	Fish, chowder...oz. 4	Other vegetables.oz. 4	Sugar oz. 1
	Sugar oz. 1	Pickles oz. 1	Milk oz. 2
	Milk oz. 2		
Saturday	Coffee (oz., 1)...pt. 1	Fish oz. 12	Tea (oz., $\frac{1}{4}$)pt. 1
	Bread oz. 6	Bread oz. 4	Bread oz. 6
	Butter oz. 1	Potatoes oz. 10	Butter oz. 1
	Stewed mutton...oz. 4	Other vegetables.oz. 4	Sugar oz. 1
	Beef hash... oz. 4	Pickles oz. 1	Milk oz. 2
	Sugar oz. 1	Bean soup pt. 1	Tea (oz., $\frac{1}{4}$)pt. 1
	Milk oz. 2	Stewed mutton...oz. 12	Bread oz. 6
	Butter oz. 1	Bread oz. 4	Butter oz. 1
	Beef hash... oz. 4	Potatoes oz. 10	Sugar oz. 1
	Milk oz. 2	Other vegetables.oz. 4	Milk oz. 2

Special Diet for Naval Hospitals.

Articles.	Quantities.	NUMBERS OF THE BEDS.										Total.
		1	2	3	4	5	6	7	8	9	10	
BREAKFAST.	Bread.....	oz. 6										
	Butter.....	oz. 1										
	Coffee.....	pt. 1										
	Tea.....	pt. 1										
	Toast, dry.....	oz. 4										
	Toast, milk.....	oz. 6										
	Eggs, boiled.....	no. 1										
	Eggs, poached.....	no. 1										
	Milk.....	oz. 12										
	Beefsteak.....	oz. 6										
	Ham.....	oz. 4										
DINNER.	Bread.....	oz. 4										
	Chicken, stewed.....	oz. 6										
	Chicken broth.....	pt. 1										
	Mutton-chop.....	oz. 6										
	Mutton broth.....	pt. 1										
	Milk.....	oz. 12										
	Oysters, stewed.....	gill 1										
	Beef tea.....	pt. 1										
	Rice, boiled.....	oz. 1										
	Farina pudding.....	oz. 4										
SUPPER.	Corn-starch.....	oz. 4										
	Beefsteak.....	oz. 6										
	Mashed potatoes.....	oz. 6										
	Tea.....	pt. 1										
	Butter.....	oz. 1										
	Bread.....	oz. 4										

Malt and spirituous liquors, lemonade, and all beverages whatever, must be issued in prescribed quantities from the dispensary; in like manner, all special diet is to be considered in the light of medicine; and any article prescribed on one of the blank lines must be only a substitute for some regular article in the printed columns; finally, prescriptions shall be limited to five articles for breakfast or dinner, and four for supper.

ARTICLE VII.

SURVEYS.

1.

Surveys on medical property will be conducted as prescribed by Regulations 1876, chap. xiv, page 116.

2.

Reports of survey on persons must be made in duplicate; of other surveys in triplicate.

3.

Personal Surveys: Next to the preservation of life and limb, these are the most important duties assigned to medical officers. Upon them the Commissioner of Pensions is obliged to found his decisions; and he is strictly governed by the FACTS they exhibit. Sound opinions in doubtful cases, receive due consideration; but none, however authoritative, can be taken against or without FACTS, whether the finding be positive or negative. *Positively*, the board finds "Origin in line of duty" (by gunshot wound, or by exposure to endemic, epidemic, or climatic causes, etc., etc.). *Negatively*, "No evidence of origin in line of duty" (because the person surveyed is proved not to have been exposed in duty; that he was not engaged in the kind of duty likely to result in that injury; or that the Board discredits his own statement, and has no other evidence, etc., etc.). These are the main principles upon which reports of personal surveys are founded.

4.

The points required by Form N are the following:

a. Present condition: This should be expressed by set phrases. "Unfit for duty" (this unfitness may be *temporary*, and may sometimes be of definite duration). "Unfit for service" (this means *permanent* unfitness for the naval service). If no unfitness be found, the report need not be continued beyond a phrase to that

effect, unless the Board have remarks to make under the head of "Recommendation."

b. Disease: Give name in common use, instead of technical terms; and state whether acute or chronic, or what organ is affected.

c. Duration: In regard to pension-claims, it is necessary for the Board to approximate as nearly as it can to a definite period.

d. Recommendation: Officers may be sent to hospital, or *detached* or *detained* (Circular, June 25, 1862), or recommended for pension.

Pension is recommended to be in whole or in part, *... 5, half-pension*, as for disability from obtaining subsistence by labor to the extent of one-half. Enlisted men disabled in line of duty, or readily curable, should be sent to hospital for treatment; otherwise, for discharge.

e. Origin: Whether decided to be *in line of duty*, or *not in line of duty*, state facts, with time and place of occurrence, or dates between which there was continuous exposure to any morbid cause; and, to this end, quote Hospital Ticket, Medical Journal, Register of Patients, Abstract of Patients, or any other original record. If the testimony of the person surveyed is the only evidence to be had, adopt or reject it in terms.

5.

In case of surveys, and in all other matters connected with evidence of pension-claims, medical officers are forbidden to give information to agents or other individuals: all such persons must be referred to the Commissioner of Pensions.

ARTICLE VIII.

APOTHECARIES, ETC.

1.

Apothecaries, nurses, bay-men, and all other persons employed in the Medical Department of the Navy are prohibited from accepting donations or bequests from patients or contractors, or from the friends of either, and from acting as administrator or executor, or receiving on deposit any article of value from any patient.

2.

These petty officers will be selected by the senior medical officer, with the approval of the commander of the vessel or station, and enlisted, as provided for by Regulation.

W. GRIER,
Surgeon-General, United States Navy.

Approved:

R. W. THOMPSON,
Secretary of the Navy.

Form A.—Medical outfit.

[Duplicates.]

Medical outfit of U. S. S. —————,
at —————, 18—.

[Signature of Medical Officer.]

Articles.	Quan- tity.	Articles.	Quan- tity.	Articles.	Quan- tity.
[Names in order of supply table.]					

Received from ————— all the articles to which quantities are affixed; the whole being of good quality and properly packed, unless otherwise noted with red ink, in the margins, and their total money-value, \$—.

[Signature of Medical Officer.]

U. S. S. —————,
At —————, 18—.

Form B.—Requisition.

[Triplicates.]

U. S. —— ——, 18—.

SIR: The following articles are required in the Medical Department of this _____.

Respectfully,

Signature of Medical Officer, I

To _____

Articles.	On hand.	Quantity required.	Appropriation.	Articles.	On hand.	Quantity required.	Appropriation.

[The last column is to be filled only by the Surgeon-General, who will indicate the appropriation under which the article is to be purchased when it cannot be supplied from Laboratory stores.]

Approved:

[When the above are furnished from the Laboratory or other medical depot, sign following receipt: all other articles will be marked in red ink, "P," for purchase, for which bills (Form C) will be rendered.]

U. S. ——————, 18—.

Received from —— the above articles, excepting those marked **P**, of good quality.

[Signature of Medical Officer.]

Form C.—Bill.

[Quadruplicate.]

—, 18—.

U. S. NAVY DEPARTMENT, BUREAU OF MEDICINE AND SURGERY,
Per [Hospital, Navy-Yard, or Ship.]

To ——, Dr.

Date.	Articles.	Amount of items.		Aggregate amount.	
		Dolls.	Cts.	Dolls.	Cts.
Appropriation:					

The above account is correct.

[Signature of Medical Officer.]

Approved —, 18—, for — dollars — cents, and ordered
to be paid by ——.

[Signature of Commanding Officer or Surgeon-General.]

Received, —, 18—, of ——, [Pay-Officer U. S. Navy.] the
sum of — dollars and — cents, in full of the above bill.

Form D.—Return of Property

In the Medical Department of U. S. — — —, for the — — —, commencing — — —, 18 — —, and ending — — —, 18 — —, and transferred to — — —.

[Signature of Medical Officer.]

U. S. —— ——,
—— ——, 18—.

Received the articles named in the following inventory, all in good condition for future use, except those noted in red ink.

[Signature of Medical Officer.]

Form E.—General Register of Patients.

Name.	Grade or rate.	Age.	Nativity.	Date and place of enlistment.	Date of admission.	Where from.	Date of discharge.	Number of days on sick-list.	Disease.	Final disposition.	Remarks.
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Form F.—Model for

Name.	Rate.	Age.	Place of birth.	Date of admission.	Where from.
Adams, James Edward.	O. S.	21	Easton, Pa.	Jan. 1	1873.
Ackley, William Henry	Sea	45	Bath, Me.	Jan. 5	
Arnold, Thomas	1 C. F.	30	Boston, Mass.	Jan. 6	
Atwater, Fritz	1 C. boy.	16	Berlin, Prussia....	Jan. 12	
Adamson, Henry	Lands...	21	Philadelphia, Pa.	Jan. 13	
Atkinson, Samuel Price	Cap. hld.	42	Roxbury, Mass.	Jan. 13	
Alley, Thomas White..	Sea	41	Baltimore, Md.	Jan. 15	
Agnew, Henry Fay ...	Pr. mar.	28	Raleigh, N. C.	Jan. 30	
Atmore, William	B. mate.	45	New York City...	Feb. 3	
Allen, Michael Francis.	Cox....	27	Cork, Ireland	Mar. 10	
Armand, Michel Fran- cois.	Qr. gr...	40	Havre, France....	Apr. 9	
Andrews, Joseph Henry	Sh. stwd.	35	Washington, D. C.	June 6	

Abstract of Patients.

Disease or injury.	Date of discharge.	How discharged.	Origin.	Remarks.
Asphyxia (immers) ..	Jan. 1 1873.	Died	Duty....	Drowned coming alongside ship.
Syphilis prim	Feb. 8	Fr. serv....	Not duty	Surveyed.
Ambustio (pedis)....	Jan. 7	N. Y. Hos.	Duty....	Slipped wh. hauling fires.
Pernio	Jan. 25	.....	Duty....	Fr. expos. to sev. cold on watch.
Epilepsia	Jan. 15	.....	Not duty	Dis. existed wh. shipped.
Hernia (ing. obl. dex.)	Feb. 23	(Pass. home.)	Duty....	Fr. lift'g bbl. in hold.
<i>Surgeon U. S. N.</i>				
Vuln. contus. (cap.) ..	Jan. 31	.....	Not duty	Rec'd on shore dur. debauch.
Febris typh. icter...	Feb. 2	Died	Duty....	Disease endemic on board.
Fractura (tib. sinis) ..	Mar. 12	.....	Duty....	Jam'd bet. gun and sh. side wh. ex'g.
Luxatio (humeri)....	Mar. 30	.....	Not duty	Rec'd wh. skylark'g.
Cholera communis ..	Apr. 15	.....	Not duty	Fr. imprud. in diet.
Febris int. (tert.)....	June 17	.....	Duty....	Fr. climat. influ'nces.
<i>Surgeon U. S. N.</i>				

Form G.—Hospital Ticket.

U. S. ——, ——, 18—.

To the Medical Officer in charge of the Naval Hospital at ——:

SIR:

The following patient, with his effects, is hereby transferred to your charge:

Name (in full) and grade: —— ——.

Native of ——; age, — years.

Shipped at ——, ——, 18—.

Disease (from nomenclature): ——.

Time and place of occurrence, or dates between which there was continuous exposure to morbific cause: —— ——, 18—.

Origin: There is (positive, satisfactory, good, no) evidence that it was in line of duty, the facts being as follows, viz:

["Positive": That he was wounded in battle with ——.

"Satisfactory": That he was ruptured, hurt, by ——.

"Good": That he was exposed between dates above given, to epidemic, endemic, climatic influences.

"No": That he was amusing himself; that there was no act of duty involved by which his disease, or injury, was likely to be caused.]

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Respectfully,

[Signature of Medical Officer.]

Approved:

— — — — —, Commanding.

Approved:

— — — — —, Commandant.

Form Q.—Descriptive List.

U. S. ——, ——, 18—.

Name: _____ Rate: _____

Born — —, 18—, at — —.

Complexion: _____. Hair: _____. Eyes: _____.

Other personal characteristics: (permanent marks, scars, etc.)

Former residence: _____.

Former occupation: _____.

Family history:

When and where last examined: _____.

Age.	HEIGHT.			THORAX.			Vision (Snellen).	State of health prior to examination.
	Weight.	Vertex to ground.	Vertex to peri-neum.	Mean circumference.	Expansion.	Spirometer.		
Yrs.	Mos.	Lbs.	In.	In.	In.	In.	Cub. in.	
								(In cases of respiration, heart, &c., state of respiration, heart, &c.,

— — —, U. S. N.,
Medical Examiner.

To the Commanding Officer of —————

List of clothing, etc.

The above articles have been returned to me.

Witness:

Form II.—Case-paper.

NAVAL HOSPITAL, ——, 18—.

Case-paper No. ——.

Name: ——.

Grade: ——.

Native of ——; age, —.

Shipped at ——, 18—.

Admitted from U. S. —— at — M., 18—.

Discharged ——, 18—.

Diagnosis by hospital ticket, signed—

[Name and rank of Medical Officer.]

Form 1.—Weekly Report of Sick.

Report of Sick in the U. S. Naval Hospital —, for the week ending —, 18—.

[Signature of Medical Officer.]

Remaining at last report	Deserted
Admitted during the past week.	Died
Discharged	Total

No.	Names.	Grade.	Where from	Disease.	Where sent.	Remarks.

Form J.—Morning Report of Sick.

U. S. S. ———, (— Rate),

LAT. ——, LONG. ——,

January 20, 1873.

— — — — —, Commanding:

Name.	Grade.	Disease.	Remarks.
Henry Ashton	Ordinary seaman..	Pleurisy	Better.
John Brown	First-class boy....	[Give name in common use.]	Discharged.
Henry Davis	Landsman		Admitted.
William Cullen....	Coal-heaver.....		Admitted.
Philip Bunce	Fireman		Admitted.

Admitted....3

Discharged ..1

Total4

Respectfully,

[Signature of Medical Officer.]

Binnacle-List.

(In manuscript.)

Henry Ashton, ordinary seaman.

Henry Davis, landsman.

William Cullen, coal-heaver.

Philip Bunce, fireman.

(Other names may be added in the course of the day.)

[Signature of Medical Officer.]

Form K.—Report of sick for the ——

Order and class—

DISEASES.

[In terms and order
of the nomenclature.]

Remaining from last quarter.	Admitted.	Discharged to duty.	Discharged from ser- vice, and deserted.	Transferred.	Invalided to U. S.	Died.	Continued to next quarter.
Carried up.....							

Average ship's company ——.
[Obtained from pay-officer.]

Total daily sick ——.
[Sum of totals of daily sick-reports.]

	GRADES.		AGES.							
	15 to 20	20 to 25	25 to 30	30 to 35	35 to 40	40 to 45	45 to 50	50 to 55	55 to 60	60 to 65
	Number admitted.									
Officers.....
Seamen
Ordinary Seamen
Landsmen
Boys
Marines
Firemen
Coal Heavers
Total.....

Additional to Form K. To be filled up and forwarded with said form at the end of each quarter.

J. WINTHROP TAYLOR,
Surgeon General, U. S. Navy.

quarter, 18-, for the U. S. — — at — — —.

[Signature of Medical Officer.]

Daily average of patients, —.

Summary of bills incurred during quarter. Dolls. Cts.

Medicines		
Instruments		
Provisions		
Groceries		
Washing		
Repairs		
Incidental. [Under this head, it is desirable to put as many small bills as possible.]		

Total...		
----------	--	--

No. of rations stopped [at hospital only]...		
--	--	--

Died.

Date.	Name.	Grade.	Disease, &c.

Transferred, injured, or disabled.

Name.	Grade.	Disease or injury.	Where to.

Operations.

Name.	Grade.	Details of case and method.

Ports visited.	Days in port.	Days at sea.

[Signature of Medical Officer.]

Form I.—Hospital-Ration Return.

Patients subsisted in the U. S. Naval Hospital at _____, during the quarter ending _____, 18____.

Names.

[In alphabetical order.]

Grade.	Age.	Birth-place.	Date of admission.	Where from.	Date of discharge.	Where to.	Number of days subsisted.
							Total...

Form M.—Request for Medical Survey.

U. S. —— ——,
—, 18—.

To _____

Commanding U. S. — — —.

SIR: I have to recommend medical survey of—

[This application and order are to be rendered in manuscript, and may include any number of names.]

Respectfully,

[Signature of Medical Officer.]

U. S. —— ——,
——, 18—.

To Surgeon — — —

Do, — — — — — ,

Do. ——————

GENTLEMEN: You will hold survey as recommended above, and make separate reports, in duplicate, of each case, in strict accordance with prescribed form; and you will particularly state all facts you may be able to elicit in regard to origin of disability, even when you do not find it to be in line of duty.

Respectfully,

_____,
Commanding U. S. _____.
_____,

Form N.—Report of Medical Survey.

[In duplicate.]

U. S. S. ——.

To _____.

SIR: In obedience to your order of ——, we have held a careful survey on, [e., ~~name and grade in unit.~~] attached to the U. S. ——, native of ——, aged ——, enlisted at ——, on the ——, and beg leave to report as follows:

I. Present condition:

(“Unfit for duty” means present unfitness; “Unfit for service,” permanent unfitness. There may be Hypochondriasis or Malingering to be noted under this head.)

2. Disease:

(By name in common use, if any; also location and character.)

3. Probable future duration :

(Approximate, if possible.)

4. Recommendation :

(Officers may be "detached" or only "detailed" for sick-leave. See Circular June 25, 1862. This distinction is important to personal interests. Half-pensions, as being one-half disabled from obtaining subsistence by bodily labor.)

5. Origin:

(State all facts, negative or positive, whether found to be in line of duty, or found not to be in line of duty. When the patient's own statement is all that can be got, accept or reject it in terms. When "present condition" indicates no disease, the report need not proceed further.)

Respectfully,

Form 0.—Recommendations for Survey and Discharge.

No. _____.

NAVAL HOSPITAL, —————,
————, 18—.

SIR: I respectfully recommend the **Survey** and discharge of the following men, who are, in my opinion, unfit for service:

Name.	Rate.	Age.	Disease.	Admission.	Where from.	Shipped.

Respectfully,

[Signature of Medical Officer.]

Commandant, U. S. Naval Station.

Form P.—Report of Beds.

No. ——.

NAVAL HOSPITAL, ——,
—, 18—.

SIR :

I have to present the following report for the past week :

Patients in Hospital, No.

Vacant Beds in Hospital, No.

Deaths in Hospital, No.

Respectfully,

[Signature of Medical Officer.]

—, —,
Surgeon-General U. S. Navy.

Form [Q.—Certificate of physical examination and Descriptive List.]

(12) **Bur. E. & R.**

[Whenever men are transferred to other ships or stations, or are discharged from the service, they will be accompanied by a Descriptive List (in the latter case on the discharge), signed by the executive officer and senior medical officer of the ship or station from which transferred or discharged; and a rigid adherence to the spelling of the name and other facts in this original Descriptive List (intra) as prepared by the medical examinee, signing the same, will be exacted, except in case manifest errors are discovered, when these will be reported to the Bureau of Medicine and Surgery.]

U. S. ——, ——, 18—.

APPLICANT'S DECLARATION.

I, —— ——, on presenting myself to be entered as ——, in the Navy of the United States, do hereby declare—

- 1st. That I am not subject to fits;
- 2d. That I have no stricture, internal piles, or other disease that I know of, or that is likely to be inherited;
- 3d. That I am not suffering from the consequences of any former disease or hurt;
- 4th. That I know of no reason why I should not be passed; and, finally, that I do not by this act acquire or confirm any claims to pension.

[Signature of applicant in full.]

MEDICAL EXAMINER'S CERTIFICATE.

I certify that the above was signed by the applicant, in my presence, after it had been fully explained to him; that I have since carefully examined him; that I find him physically [dis]qualified for active service in the Navy ashore and afloat; and that the following is a correct **Descriptive List** of his physical condition, according to my best knowledge and belief, viz:

Name: —— ——. Rate: ——.

Born ——, 18—, at ——.

Complexion: ——. Hair: ——. Eyes: ——.

Other personal characteristics: (permanent marks, scars, etc.)

Former residence: ——.

Former occupation: ——.

Family history: ——.

When and where last examined: —— ——.

Age.			Weight.			HEIGHT.			THORAX.			Vision (Snellen).			State of health prior to examination.		
<i>Yrs.</i>	<i>Mos.</i>	<i>Lbs.</i>				<i>In.</i>	<i>In.</i>	<i>In.</i>	<i>In.</i>	<i>In.</i>	<i>Cub. in.</i>				(In cases of rejection, here state causes of rejection.)		

—, U. S. N.,
Medical Examiner.

To the Commanding Officer of ——.

Form R.—Certificate of ordinary disability.

I hereby certify that _____, a _____ in the United States Navy, _____ attached to the (a) _____, _____, and holding the rank above mentioned, _____ rendered unfit for the performance of his duty, by reason of (b) _____, as set forth in the record in his case, of which the following is a copy :

(c) _____

and, therefore, in the opinion of the undersigned, the interests of the service require that he should be discharged.

[Signature of Medical Officer.]

The above-named _____ was born at _____, in the State of _____; is _____ years of age; _____ feet _____ inches high; _____ complexion; _____ eyes; _____ hair. He entered the United States naval service at _____ on the _____ day of _____, 18_____, and discharged (d) _____

[Signature of Commanding Officer.]

Discharged from the United States naval service on the _____ day of _____, 18_____.
[Signature of Fourth Auditor.]

(a) If at a navy-yard, ship, or hospital, insert name and place.

(b) Wound, casualty, or disease.

(c) The record of the case need not include details of medical treatment; it is necessary to state only the circumstances under which the disease or injury occurred, as far as a claim for pension is involved.

(d) Insert whether final, or to hospital, or to ship for passage home; in which last case, the final discharge must be furnished by the Auditor.



Form S.—Certificate of death.

I hereby certify that ———, who was a ——— in the United States Navy, while attached to the (a) ———, ———, and holding the rank above mentioned, departed this life (b) ———, on the ——— day of ———, in the year 18—, and that he died of (c) ———, as set forth in the record of his case, as follows:

[Signature of Medical Officer.]

The above-named ———, deceased, was born at ———, in the State of ———; about ——— years of age; ——— feet ——— inches high; ——— complexion; ——— eyes; ——— hair; and entered the United States naval service at ———, on the ——— day of ———, in the year 18—.

[Signature of Commanding Officer.]

* Details of medical treatment not required.

(a) If at a navy-yard, ship, or hospital, insert name and place.

(b) The same.

(c) Wound, casualty, or disease, as the case may be.

Form T.—Declaration for Navy Invalid-Pension.

STATE OF ——, County of ——, ss:

On this —— day of ——, A. D. one thousand eight hundred and ——, personally appeared before me, —— ——, a —— of the ——, a court of record in and for the county and State aforesaid, —— ——, who, being duly sworn according to law, declares: That he is aged — years; that he is the identical —— —— who enlisted under the name of ——, in the naval service of the United States at ——, on the —— day of —, in the year ——, [Here state the vessel and rank in the Navy, and whether in any other service; and, if so, what, and under what name.] in the war of ——, and was honorably discharged on the —— day of ——, in the year ——; that his personal description is as follows: Age —, height —, complexion —, hair —, eyes —; that while in the service aforesaid, and in the line of his duty, he received the following wounds (or disability, as the case may be), and that he was treated therefor in the following named (or numbered) general hospitals:

[Here give a particular and minute account of the wound or other injury, and state how, when, and where it occurred, and his present physical condition; where the applicant has resided since leaving the service, and what has been his occupation.]

That he hereby appoints —— —— his attorney to prosecute his claim; that he has never received or applied for pension; that his residence is at No. —, in — street, in the — of —, county of —, and State of —; and his post-office address is ——.

[Claimant's signature.]

Also personally appeared —— ——, residing at No. —, in — street, in —, —, —, residing at No. —, in — street, in —, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say: They were present and saw ——, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

[Signatures of witnesses.]

Sworn to and subscribed before me, this —— day of ——, A. D. ——, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words —— erased, and the words —— added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[Official signature.]

[The person administering the jurat should sign in his own name.]

Form U.—Special Diet Book.

[For Hospitals only.]

Articles.	Quantities.	NUMBERS OF THE BEDS.		Total.
		1	2	
BREAKFAST.	Bread.....	oz. 6		
	Butter.....	oz. 1		
	Coffee.....	pt. 1		
	Tea.....	pt. 1		
	Toast, dry.....	oz. 4		
	Toast, milk.....	oz. 6		
	Eggs, boiled.....	no. 1		
	Eggs, poached.....	no. 1		
	Milk.....	oz. 12		
	Beefsteak.....	oz. 6		
DINNER.	Ham.....	oz. 4		
	Bread.....	oz. 4		
	Chicken, stewed.....	oz. 6		
	Chicken broth.....	pt. 1		
	Mutton-chop.....	oz. 6		
	Mutton broth.....	pt. 1		
	Milk.....	oz. 12		
	Oysters, stewed.....	gill 1		
	Beef tea.....	pt. 1		
	Rice, boiled.....	oz. 1		
SUPPER.	Farina pudding.....	oz. 4		
	Corn-starch.....	oz. 4		
	Beefsteak.....	oz. 6		
	Mashed potatoes.....	oz. 6		
	Tea.....	pt. 1		
	Butter.....	oz. 1		
	Bread.....	oz. 4		
	Toast, dry.....	oz. 4		
	Milk.....	oz. 12		
	Eggs.....	no. 1		

[Signature of Medical Officer.]

Form V.—Report of Vaccination.

On board the U. S. S. ——, for the quarter ending ——, 18—.

Total number vaccinated, —.

Presenting evidences of former attack of small-pox, —.

Successful, —.

Unsuccessful, —.

Presenting good cicatrices, —.

Successful, —.

Unsuccessful, —.

No evidence of previous vaccination, —.

Successful, —.

Unsuccessful, —.

Vaccine virus may always be obtained by special requisition on the Naval Laboratory; and this source of supply is to be preferred; but, in case of emergency, it may be obtained elsewhere.

FORM W. RECORD OF TEMPERATURE, P.

Names

Kate

AGE

Color

SE, RESPIRATION AND EXCRETA.

Nativity

Disease

When four daily observations of temperature are made, as should be done in serious cases, mark them at noon and midnight, the others in the spaces between.

(Signature
of Notary Officer.)



Form X¹.

Abstract of candidates examined for the naval service and accepted, at —, during the — ending —, 18—.

Date of examination.	Name.	Rate.	Date of birth.	Place of birth.	Residence.	Complexion.	Hair.	Eyes.	Visitors.	Years.	Months.	Weight.	Vertex to ground.	Vertex to perineum.	Mean circumference.	Expansion.	Spirometer.	When and where last examined.	Personal peculiarities.	Former illness, &c.	Medical examiner.
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Form X².

Abstract of candidates examined for the naval service and rejected, at —, during the — ending —, 18—.

Date of examination.

Name.

Rate.

Date of birth.

Place of birth.

Residence.

Complexion.

Hair.

Eyes.

Visitors.

Years.

Months.

Weight.

Vertex to ground.

Vertex to per-

neum.

Alveolar circumfer-

ence.

Expansion.

Spirometer.

When and where last examined.

Causes of rejection.

Medical examiner.

Form Y.—

Of persons employed at the U. S. Naval Station at ——, under

No.	Names.	Where em- ployed.	Occupation.	Whole number of days worked.	Rate of pay per day.	Aggregate amount of pay.
					Dolls. Cts.	

Pay-Roll

the Bureau of Medicine and Surgery, during the month of —, 18—.

Amount due and paid.	We acknowledge to have received of — — — the several sums opposite to each of our names, in full for work done at the Naval Sta- tion — — —, for the month of — — —, 18—.		Witness to signa- ture.	Remarks.
Dolls.	Cts.			

Certified as correct.

[Signature of Medical Officer Navy-Yard.]

[Signature of Medical Officer Naval Hospital.]

Form Z¹.—Atmo

On board U. S. S. ——,

SPAR DECK.

Place.	Date.	10 A. M.			4 P. M.			10 P. M.		
		Barometer.	Attached thermometer.	Dry bulb.	Wet bulb.	Barometer.	Attached thermometer.	Dry bulb.	Wet bulb.	Relative humidity.
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									
	13									
	14									
	15									
	16									
	17									
	18									
	19									
	20									
	21									
	22									
	23									
	24									
	25									
	26									
	27									
	28									
	29									
	30									
	31									
Average.	....								

Observations for carbonic acid should be made at least once a week, and the results will not be entered unless the observer is certain of their accuracy.

The time and circumstances of observations for carbonic acid and the same instruments to be used in all hygrometric observations.

spheric Observations
for the month of —, 18—.

air of the berth-deck at night or early in the morning should be selected. The wetting of the decks *from any cause* will be entered in column of remarks.

Surgeon, U. S. N.

For ascertaining the amount of carbonic acid in the air the following apparatus is supplied :

Two glass jars, cubic capacity marked in cubic centimeters.

India-rubber stoppers, and sheet India-rubber to tie over neck of jars.

Glass measure graduated to 60 c. c.

One Mohr's burette, 60 c. c., graduated into tenths.

Glass rods.

Glass bottle of one litre capacity.

Bottle containing papers of crystallized oxalic acid of 2.25 grammes each.

Bottle containing litmus or turmeric paper.

A small bellows, or, in its absence, a Davidson's syringe may be used.

Lime-water and distilled water.

Directions : Pettenkofer's method is to be followed. For those not familiar with it the following process, extracted from Wilson's *Hand-Book of Hygiene*, is recommended :

The analysis depends on the relative alkalinity of lime-water before and after it has absorbed the carbonic acid in the sample of air examined. 2.25 grammes of crystallized oxalic acid are dissolved in 1 litre of distilled water; 1 c. c. of this solution exactly neutralizes 1 milligramme of lime, and hence the amount of lime in a given quantity of lime-water can be determined by adding the solution of oxalic acid until the point of neutralization is reached. The amount of oxalic acid required for neutralization expresses the alkalinity of the lime-water. If the alkalinity of the lime-water be known before and after it has absorbed the carbonic acid in the air contained in the glass jar, the difference will give the amount of lime in milligrammes which has united with the carbonic acid, and the amount of the latter is obtained by calculating according to the atomic weights.

The jar should be perfectly clean and dry. The air to be examined is forced into the jar by a pair of bellows, or a bellows-pump may be used. In either case the nozzle should reach the bottom of the jar.

After the jar has been filled, 60 c. c. of lime water are introduced, the mouth of the jar closed by the stopper, and the stopper secured by a tightly-fitting India-rubber cap. The jar is then well shaken so that the lime-water is made to thoroughly wash the contained air,

and afterward is left to stand at least eight hours and not more than twenty-four; 60 c. c. are introduced in order that 30 may be taken out for analysis.

Thirty cubic centimeters of lime-water are poured into the graduated glass and its alkalinity determined by the test solution. Then 30 c. c. are taken from the jar and the alkalinity also determined. The difference is doubled to account for the 30 c. c. left in the jar, and the product gives the amount of lime which has combined with the carbonic acid. The amount of the latter is obtained by converting weight into volume according to the atomic weights, and in one sum by the factor .39748+.

The following rule will simplify the calculation: Multiply the difference between the alkalinity of the lime-water before and after it has been placed in the jar by 795 and divide this sum by the number of cubic centimeters in the jar, minus 60. The result will be the ratio of carbonic acid per 1,000 volumes.

A correction must be made for temperature as it is above or below the standard of 62° Fahrenheit. As the coefficient of expansion of air is .0020361 for every degree of Fahrenheit, the rule for correction may be stated with sufficient accuracy thus: For every 5° Fahrenheit above 62° add 1 per cent. to the amount of carbonic acid calculated as above, and deduct the same percentage for every 5° below 62°.

The formula for the correction for pressure is as follows:

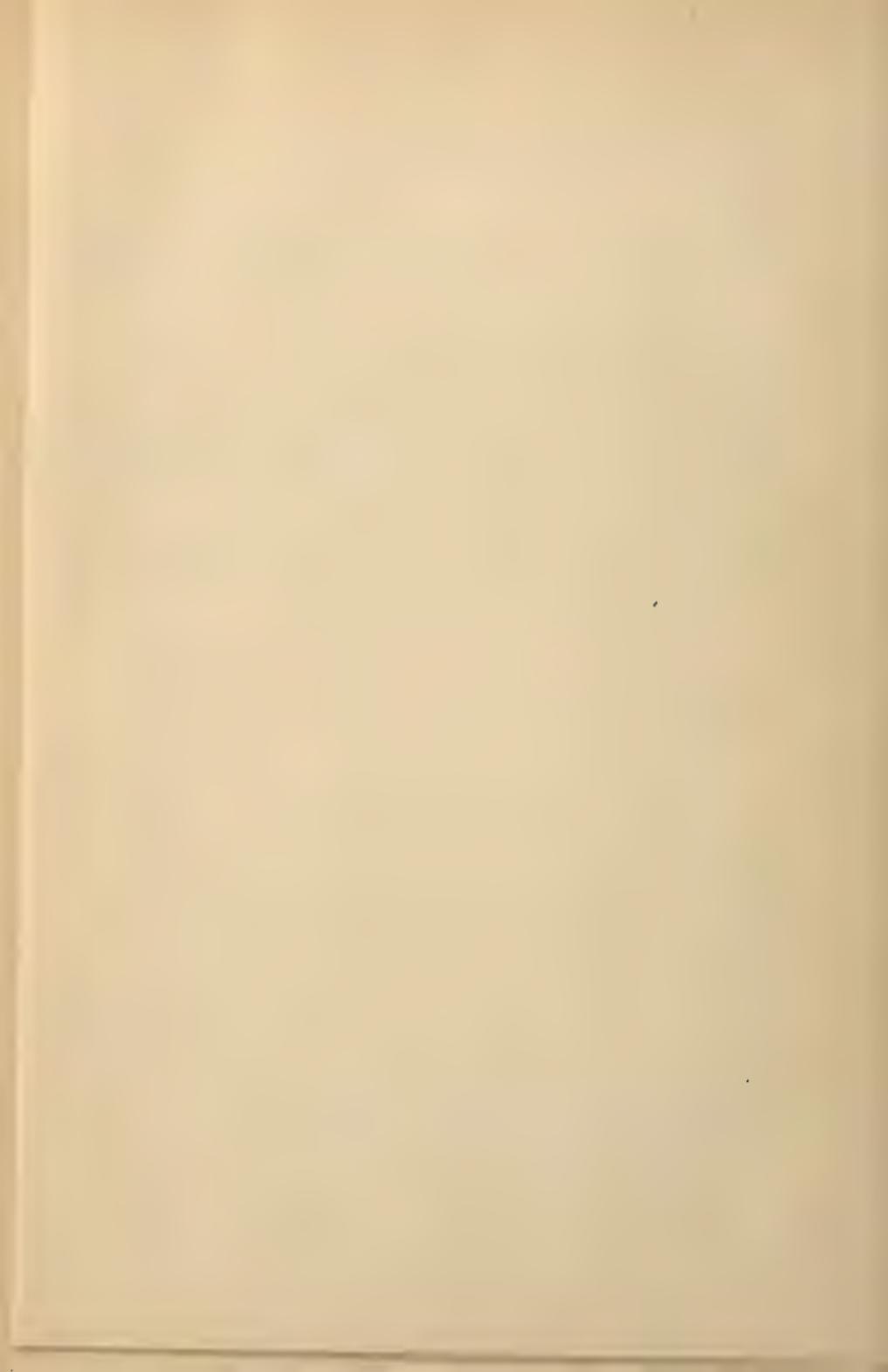
$$30 : \text{observed height of bar} :: \text{capacity} : z.$$

The result expressed by z is substituted for the actual capacity of the jar in the calculation for carbonic acid.

FORM Z².

t - t' = Difference of Wet and Dry Bulb Thermometers.
(Below the freezing-point; the bulb covered with a film of ice.)

$t - t'$ = Difference of Wet and Dry-Bulb Thermometers.



SUPPLY TABLE
FOR THE
MEDICAL DEPARTMENT
OF
VESSELS OF THE NAVY.

SUPPLY-TABLE.

Articles.

MEDICINES.	Med. chest.	Less than 50 men.			
		50 to 100 men.	100 to 200 men.	200 to 400 men.	400 and upwards.
Acacia pulvis, 8-oz. bottles	lb.	$\frac{1}{2}$	$\frac{1}{2}$	2	4
Acidum aceticum, 8-oz. bottles	lb.	$\frac{1}{2}$	$\frac{1}{2}$	1	1
Acidum carbolic. cryst., 2-oz. g. s. bottles	oz.	2	2	4	4
Acidum carbolicum imp., 1-lb. bottles	lb.	1	2	3	12
Acidum citricum, 1-oz. bottles	lb.	$\frac{1}{2}$	$\frac{1}{2}$	1	1
Acidum muriaticum, 4-oz. g. s. bottles	oz.	4	4	4	8
Acidum nitricum, 4-oz. g. s. bottles	oz.	4	4	4	8
Acidum phosphor. dil., 4-oz. g. s. bottles	oz.	4	4	4	8
Acidum salicylicum, 1-oz. bottles	oz.	1	2	6	8
Acidum sulphuricum, 4-oz. g. s. bottles	oz.	4	8	8	16
Acidum sulphur. aromat., 4-oz. g. s. bottles	oz.	4	4	3	12
Acidum tannicum, 1-oz. bottles	oz.	1	1	2	6
Acidum tartaricum, 8-oz. bottles	lb.	$\frac{1}{2}$	$\frac{1}{2}$	2	4
Aconiti radicis ext. fluid., 2-oz. bottles	oz.		2	4	6
Adipis cerat. benzoat., 1-lb. jars	lb.	1	1	2	6
Æther, 8-oz. tins	lb.	$\frac{1}{2}$	$\frac{1}{2}$	0	8
Ætheris spiritus comp., 4-oz. g. s. bottles	lb.		4	1	1
Ætheris spiritus nitros, 8-oz. g. s. bottles	lb.		1	3	4
Alcohol, pint bottles	pds.		3	12	16
Aloe, 1-oz. bottles	oz.			1	1
Alumen, 8-oz. bottles	lb.			1	2
Ammonia aqua, 8-oz. g. s. bottles	lb.			1	4
Ammonii carbonas, 4-oz. bottles	lb.	$\frac{1}{2}$	$\frac{1}{2}$	1	1
Ammonii chloridum, 8-oz. bottles	lb.			2	2
Ammoniae spirit. arom., 4-oz. g. s. bottles	lb.			2	1
Antimonii et potass. tart., 1-oz. bottles	oz.		1	1	1
Argenti nitras, 1-oz. bottles	oz.			1	1
Argenti nitras fusa, 1-oz. bottles	oz.	1	1	2	3
Arnica rad. ext. fluid., 8-oz. bottles	lb.	$\frac{1}{2}$	$\frac{1}{2}$	2	2
Atropis sulphas, 1-dr. g. s. bottles	dr.	$\frac{1}{2}$	$\frac{1}{2}$	1	1
Belladon. ext. alc., 1-oz. g. jars	oz.		1	1	1
Bismuth. subcarb., 2-oz. bottles	oz.		2	4	4
Buchu ext. fluid., 8-oz. bottles	lb.		1	1	1
Camphora, 4-oz. bottles	lb.			1	1
Cannabis indic. ext. alc., 1-oz. g. jars	oz.	$\frac{1}{2}$	$\frac{1}{2}$	2	3
Cantharidis ext. cerat., 4-oz. g. jars	lb.	$\frac{1}{2}$	$\frac{1}{2}$	1	1
Cantharidis tinct., 2-oz. bottles	oz.		2	2	6
Capsici ext. fluid., 4-oz. bottles	lb.	$\frac{1}{2}$	$\frac{1}{2}$	1	1
Catechu, 4-oz. bottles	lb.	$\frac{1}{2}$	$\frac{1}{2}$	1	1
Chloral hydras, 1-oz. g. s. bottles	oz.		2	4	6
Chloroformum purificat., 1-lb. g. s. bottles	lb.	1	2	0	6
Cinchonæ ext. fluid. comp., 8-oz. bottles	lb.	$\frac{1}{2}$	$\frac{1}{2}$	2	3

SUPPLY-TABLE—Continued.

Articles.

MEDICINES.	Med. chest.	Less than 50 men.		50 to 100 men.		100 to 200 men.		200 to 400 men.		400 and upwards.	
		oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.	oz.	lb.
Cinchonæ sulphas.	oz. 2	4	8	12	1	12	1	12	1	12	1
Cinnamomi oleum, 1-oz. g. s. bottles.	oz.	1	1	1	1	1	1	1	1	1	1
Colchici sem. ext. fluid., 4-oz. bottles.	oz.	4	8	12	1	12	1	12	1	12	1
Collodium, 1-oz. bottles.	oz.	1	2	2	4	4	4	4	4	4	4
Colocynth. ext. comp., 1-oz. g. jars.	oz.	2	2	2	4	4	4	4	4	4	4
Copaiba, 1-lb. bottles.	lb.	1	1	3	4	4	4	4	4	4	4
Creta præparata, 8-oz. bottles.	lb.	1	1	1	2	2	2	2	2	2	2
Cubebæ oleo-resina, 8-oz. bottles.	oz.	4	5	8	1	8	1	8	1	8	1
Cupri sulphas, 2-oz. bottles	oz.	2	2	2	4	4	4	4	4	4	4
Digitalis tinctura, 2-oz. bottles.	oz.	2	2	2	4	4	4	4	4	4	4
Ergotæ ext. fluid., 4-oz. bottles.	oz.	4	4	4	4	4	4	4	4	4	4
Ferri chloridi tinctura, 8-oz. g. s. bottles.	oz. 4	10	16	16	32	32	32	32	32	32	32
Ferri et potass. tart., 8-oz. bottles.	lb.	1	2	2	4	4	4	4	4	4	4
Ferri pyrophosphas, 4-oz. bottles	lb.	1	1	1	1	1	1	1	1	1	1
Ferrum dialysatum, 8-oz. bottles.	lb.	1	1	1	1	1	1	1	1	1	1
Ferri subsulph. liq., 1-oz. g. s. bottles.	oz. 1	1	1	1	4	4	4	4	4	4	4
Ferri sulphas, 5-lb. box.	lb.	10	20	20	50	50	50	50	50	50	50
Filicis oleo-resina.	oz.	1	2	2	2	2	2	2	2	2	2
Gentianæ ext. fluid. comp., 8-oz. bottles.	lb.	1	2	2	4	4	4	4	4	4	4
Gentianæ extractum, 1-oz. g. jars.	oz.	1	2	2	4	4	4	4	4	4	4
Glycerina, 8-oz. bottles.	lb.	1	2	2	4	4	4	4	4	4	4
Glycyrhizæ ext., paper.	lb.	1	2	2	4	4	4	4	4	4	4
Glycyrhizæ pulvis, 4-oz. bottles.	oz.	4	4	4	8	8	8	8	8	8	8
Hydrgarg. chlor. corros., 1-oz. bottles.	oz.	1	1	1	1	1	1	1	1	1	1
Hydrgarg. chlor. mite, 2-oz. bottles	oz.	2	2	2	4	4	4	4	4	4	4
Hydrgarg. iodid. viride, 1-oz. bottles.	oz.	1	1	1	2	2	2	2	2	2	2
Hydrgarg. nitrat. unguent., 2-oz. jars.	oz.	2	2	2	4	4	4	4	4	4	4
Hydrgarg. pilul., 4-oz. jars.	lb.	1	2	2	4	4	4	4	4	4	4
Hydrgarg. unguent., 8-oz. jars.	lb.	1	1	1	2	2	2	2	2	2	2
Hyoscami ext. alc., 1-oz. g. jars.	oz.	1	1	1	2	2	2	2	2	2	2
Iodinium, 1-oz. g. s. bottles.	oz.	1	1	1	2	2	2	2	2	2	2
Iodoformum, 1-oz. bottles.	oz.	1	1	1	2	2	2	2	2	2	2
Ipecacuanhæ ext. fluid., 2-oz. bottles.	oz.	2	2	2	4	4	4	4	4	4	4
Ipecacuanhæ pulvis, 4-oz. bottles.	lb.	1	1	1	2	2	2	2	2	2	2
Ipecacuanhæ pulvis comp., 8-oz. bottles.	lb.	1	1	1	2	2	2	2	2	2	2
Jalapæ ext., 1-oz. g. jars.	oz.	1	1	1	2	2	2	2	2	2	2
Lavand. spirit. comp., 1-lb. bottles.	lb.	1	1	1	2	2	2	2	2	2	2
Lini farina, 5-lb. tins.	lb.	5	10	15	30	30	30	30	30	30	30
Linum, 5-lb. tins.	lb.	2	5	5	10	10	10	10	10	10	10
Lithii carb.	oz.	1	2	2	4	4	4	4	4	4	4
Magnesia, 4-oz. bottles.	lb.	1	1	1	2	2	2	2	2	2	2
Magnesii sulph., 8-lb. tins.	lb.	4	8	8	16	16	16	16	16	16	16

SUPPLY-TABLE—Continued.

Articles.

MEDICINES.	Med. chest.	Less than 50 men.		50 to 100 men.		100 to 200 men.		200 to 400 men.		400 and upwards.	
		50 to 100 men.	100 to 200 men.	200 to 400 men.	400 and upwards.						
Menth. pip. ol., 1-oz. bottles	oz.	1	1	2	3						
Morphiæ sulphas, 1-dr. bottles	dr.	2	4	6	8						
Morrhuæ oleum, 1-pt. bottles	pts.	2	6	12	18						
Myrrha, 2-oz. bottles	oz.			2	4						
Nucis vomicæ ext. alc., 1-oz. g. jars	oz.		1	1	1						
Olivæ oleum, 1-pt. bottles	pts.	1	2	4	8						
Opii pulvis, 2-oz. bottles	oz.	1	2	4	4						
Opii tinctura, 1-lb. bottles	lb.	1	2	2	4						
Opii tinctura camph., 1-lb. bottles	lb.	1	2	4	6						
Pepsina, 1-oz. bottles	oz.		1	1	2						
Pilul. cathart. comp., 1-oz. bottles	oz.	1	1	1	2						
Pilul. laxativ., 1-oz. bottles	oz.	1	1	2	4						
Plumbi acetas, 8-oz. bottles	lb.	1	2	1	2						
Plumbi nitras, 5-lb. tins	lb.		10	20	30						
Podophylli resina, 1-oz. bottles	oz.		1	1	1						
Potass. arsenit. liq., 4-oz. bottles	oz.	4	4	4	8						
Potass. acetas., 8-oz. bottles	lb.		1	1	1						
Potass. bicarb., 8-oz. bottles	lb.		1	1	1						
Potass. bichromas, 8-oz. bottles	lb.		1	1	1						
Potass. bitart., 8-oz. bottles	lb.	1	1	1	2						
Potass. chloras, 8-oz. bottles	lb.		1	1	1						
Potass. et sod. tart., 1-lb. bottles	lb.	1	2	4	6						
Potass. nitras, 8-oz. bottles	lb.		1	1	1						
Potass. permanganas, 1-oz. bottles	oz.		1	1	2						
Potassii bromidum, 8-oz. bottles	lb.		1	1	1						
Potassii iodidum, 8-oz. bottles	lb.		2	3	4						
Pruni virg. ext. fluid., 8-oz. bottles	lb.		2	3	4						
Quiniæ sulphas	oz.	2	4	2	4						
Resinæ ceratum, 1-lb. tins	lb.	1	1	2	4						
Ricini oleum, 1-pt. bottles	pts.	2	6	12	24						
Rhei ext. fluid., 4-oz. bottles	oz.		4	8	12						
Rhei pulvis, 4-oz. bottles	oz.	4	4	4	8						
Sapo	lb.	1	2	4	6						
Saponis linimentum, 1-lb. bottles	lb.	1	2	4	6						
Scillæ syrpus, 1-lb. bottles	lb.	1	2	4	6						
Senegæ ext. fluid., 8-oz. bottles	lb.		1	1	1						
Sennæ ext. fluid. comp., 8-oz. bottles	lb.	1	2	2	2						
Sinapis pulvis, 2-lb. tins	lb.	2	2	2	4						
Sodii bicarbonas, 1-lb. bottles	lb.	1	2	2	3						
Sodii boras, 8-oz. bottles	lb.	1	2	1	2						
Sodæ chlor. liquor, 1-lb. g. s. bottles	lb.	2	4	4	6						
Strychnia, 1-dr. bottles	dr.	1	1	1	1						

SUPPLY-TABLE—Continued.

Articles.

	MEDICINES.	Med. chest.	Less than 50 men.		50 to 100 men.		100 to 200 men.		200 to 400 men.		400 and upwards.	
			pts.	lb.	pts.	lb.	pts.	lb.	pts.	lb.	pts.	lb.
Sulphur.....	.....	.....	1	1	1	1	2	2	2	2	2	2
Terebinth. oleum, 1-pt. bottles.....	pts.	1	2	2	2	4	4	6	6	6	6	6
Theobromae oleum, 2-oz. bottles.....	oz.	2	2	2	2	4	4	6	6	6	6	6
Tiglii oleum, 1-oz. bottles.....	oz.	1	1	1	1	1	1	1	1	1	1	1
Valerianæ ext. fluid., 8-oz. bottles.....	lb.	1	1	1	1	1	1	1	1	1	1	1
Vaseline.....	lb.	4	1	1	1	1	2	2	2	2	2	2
Verat. virid. tinct., 1-oz. bottles.....	oz.	1	1	1	1	1	1	1	1	1	1	1
Virus vaccinum (special requisition)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Zinci carb. præcip., 1-oz. bottles.....	oz.	1	1	1	1	2	2	3	3	3	3	3
Zinci sulphas, 1-oz. bottles.....	oz.	1	1	1	1	2	2	3	3	3	3	3
Zingiberis ext. fluid., 8-oz. bottles.....	lb.	12	12	12	12	12	12	12	12	12	12	12
HOSPITAL STORES.												
Ale.....	pts.	12	24	24	24	36	36	36	36	36	36	36
Arrowroot, 2-lb. tins.....	lb.	2	2	4	4	6	6	8	8	8	8	8
Barley, 2-lb. tins.....	lb.	2	2	4	4	8	8	12	12	12	12	12
Brandy, 1-pt. bottles.....	pts.	8	12	24	24	36	36	36	36	36	36	36
Corn-starch, 2-lb. tins.....	lb.	2	4	4	4	4	4	4	4	4	4	4
Extract of beef, 2-oz. jars.....	lb.	1	2	4	4	6	6	8	8	8	8	8
Milk, in cans, 1-lb. cans.....	lb.	4	6	6	6	8	8	12	12	12	12	12
Nutmegs.....	oz.	1	1	1	1	1	1	1	1	1	1	1
Sugar, white, 5-lb. cans.....	lb.	5	5	10	10	15	15	15	15	15	15	15
Tapioca, 2-lb. tins.....	lb.	1	2	2	2	2	2	4	4	4	4	4
Tea, black, 8-oz. tins.....	lb.	2	2	2	2	3	3	4	4	4	4	4
Whisky, 1-pt. bottles.....	pts.	4	12	24	24	36	36	36	36	36	36	36
Wine, port, 1-pt. bottles.....	pts.	6	12	24	24	24	24	24	24	24	24	24
Wine, sherry, 1-pt. bottles.....	pts.	6	12	24	24	24	24	24	24	24	24	24
SURGICAL INSTRUMENTS.												
Aspirator.....	no.	.....	.....	.....	.....	1	1	1	1	1	1	1
Atomizer, steam.....	no.	.....	.....	.....	.....	1	1	1	1	1	1	1
Bougies, gum*.....	no.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Bougies, o. p.*.....	no.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Catheters, gum*.....	no.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Catheters, o. p.*.....	no.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Catheters, silver.....	no.	1	2	2	2	.....	.....	.....	.....	.....	.....	.....
Case, autopsic.....	no.	.....	.....	.....	.....	1	1	1	1	1	1	1
Case, dental, No. 1.....	no.	.....	.....	.....	.....	1	1	1	1	1	1	1
Case, dental, No. 2.....	no.	.....	.....	.....	.....	1	1	1	1	1	1	1
Case, eye and ear.....	no.	.....	.....	.....	.....	1	1	1	1	1	1	1

* Should be required for in specified numbers and sizes.

SUPPLY-TABLE—Continued.

Articles.

		Less than 50 men.	50 to 100 men.	100 to 200 men.	200 to 400 men.	400 and upwards.
SURGICAL INSTRUMENTS.						
Case, expeditionary and boat.....	no.	I	I	I	I	I
Case, general operating.....	no.			I	I	I
Case, general operating, small, Wood's.....	no.		I	I		
Case, pocket.....	no.	I	I	I	2	2
Case, urinary.....	no.				I	I
Cupping-glasses.....	no.	4	6	12	18	18
Galvanic battery.....	no.				I	I
Lancets, thumb.....	no.	I	2	2	2	2
Laryngoscope.....	no.			I	I	I
Microscope (sp. reqn.).....	no.				I	I
Ophthalmoscope.....	no.			I	I	I
Razor.....	no.		I	I	I	I
Razor-strop.....	no.	I	I	I	I	I
Scarificator.....	no.		I	I	I	I
Speculum, anal.....	no.			I	I	I
Speculum, aural.....	set.	I	I	I		
Stethoscope, double.....	no.		I	I	I	I
Stomach-pump.....	no.	I	I	I	I	I
Syringes, enema.....	no.	I	I	I	I	I
Syringes, hypodermic, s. r.....	no.	I	I	I	I	I
Syringes, p., glass.....	no.		3	4	6	8
Syringes, p., rubber.....	no.	2	3	4	6	8
Syringe, self-injecting.....	no.	I	I	2	3	4
Thermometers, clinical.....	sets.	I	I	I	2	2
Tourniquets, field.....	no.	4	10	20	30	30
Tourniquets, screw.....	no.		4	8	12	16
Urinometer.....	no.		I	I	I	I
SURGICAL APPLIANCES.						
Bandages, roller.....	no.	12				
Bandage, Esmarch's.....	no.		I	1	I	I
Bandages, suspensory.....	no.		4	6	8	10
Binders' boards.....	no.		2	2	4	4
Buckskins.....	no.		1	I	2	2
Cotton batting, 1-lb. packages.....	lb.	I	2	2	4	4
Flannel.....	yds.	2		5	8	10
Gypsum, calcined, 5-lb. tins.....	lb.			5	10	10
Ligature, silk.....	oz.	1/4	1/4	1/2	1/2	1/2
Ligature, wire, 1-yd. rolls.....	yds.		I	I	2	2
Lint, patent.....	lb.	I	5	5	10	10
Muslin.....	yds.	4	40	80	120	120

SUPPLY-TABLE—Continued.

Articles.

SURGICAL APPLIANCES.

		Less than 50 men.	50 to 100 men.	100 to 200 men.	200 to 400 men.	400 and upwards.
Muslin, oiled, 1-yd. rolls	yds.	3	4	5	5	5
Needles, thimble and thread	sets.	1	1	1	1	1
Pencils, hair	no.	2	6	6	12	12
Pins	lb.	1	1	1	1	1
Plaster, adhesive, 5-yd. rolls	yds.	5	5	10	10	10
Plaster, isinglass, 1-yd. rolls	yds.	1	2	3	3	3
Silk, gray	yds.	1	1	1	1	1
Splints	sets.	1	1	1	1	1
Sponge, bath	lb.	1	1	1	1	1
Sponge, surgical	lb.	1	1	1	1	1
Tape	pieces.	2	6	12	10	10
Tape line	no.	1	1	1	1	1
Trusses, single	no.	2	2	4	2	2
Trusses, double	no.	1	1	1	1	1
Wax, yellow	lb.	1	1	1	1	1

DISPENSARY FURNITURE.

Apparatus stand	no.	1	1	1	1	1
Apparatus, atmospheric	no.	1	1	1	1	1
Boat medicine-chest	no.	1	1	2	2	2
Bottle clasps	no.					
Bottles, tincture, pints	no.					
Bottles, tincture, 8-ounce	no.					
Bottles, tincture, 4-ounce	no.					
Bottles, tincture, 1-ounce	no.					
Bottles, tincture, $\frac{1}{2}$ -ounce	no.					
Bottles, salt-mouth, pints	no.					
Bottles, salt-mouth, 8-ounce	no.					
Bottles, salt-mouth, 4-ounce	no.					
Bottles, salt-mouth, 2-ounce	no.					
Bottles, salt-mouth, 1-ounce	no.					
Bottles, salt-mouth, $\frac{1}{2}$ -ounce	no.					
Corks, bottle	gross.	1	1	1	1	1
Corks, vial	gross.	1	1	2	2	2
Cork extractor	no.	1	1	1	1	1
Corkscrew	no.	1	1	1	1	1
Funnels, glass	no.	1	1	2	2	2
Funnels, gutta percha	no.	1	1	1	1	1
Gallicups	no.	4	4	6	8	8
Grater, nutmeg	no.	1	1	1	1	1
Lamp, nursery	no.	1	1	1	1	1

SUPPLY-TABLE—Continued.

Articles.

		Less than 50 men.	50 to 100 men.	100 to 200 men.	200 to 400 men.	400 and upwards.
DISPENSARY FURNITURE.						
Litmus paper, red.....	bot.	I	I	I	I	I
Litmus paper, blue.....	bot.	I	I	I	I	I
Measures, tin, pint.....	no.	I	I	I	I	I
Measures, tin, $\frac{1}{2}$ -pint.....	no.	I	I	I	I	I
Measures, glass, 8-ounce.....	no.	I	I	I	I	I
Measures, glass, 4-ounce.....	no.	I	I	I	I	I
Measures, glass, 2-ounce.....	no.	I	I	I	I	I
Measures, glass, 1-ounce.....	no.	I	I	I	I	I
Measures, glass, 1-drachm.....	no.	I	I	I	I	I
Medicine chest.....	no.	I	I	I	I	I
Mortar and pestle, glass.....	no.	I	I	I	I	I
Mortar and pestle, wedgewood.....	no.	I	I	2	2	2
Percolator.....	no.	I	I	I	I	I
Pill boxes, paper.....	papers.	2	3	6	12	20
Pill boxes, wood.....	doz.	I	I	I	2	2
Pill tile.....	no.	I	I	I	I	I
Psychrometer.....	no.	I	I	I	I	I
Scales, apothecary's.....	no.	I	I	I	I	I
Scales, apothecary's, small.....	no.	I	I	I	I	I
Scale-case.....	no.	I	I	I	I	I
Scissors.....	pairs.	I	I	2	2	2
Sheepskins.....	no.	I	2	4	6	8
Spatulas, 6-inch.....	no.	I	I	I	I	I
Spatulas, 5-inch.....	no.	I	I	I	I	I
Spatulas, 4-inch.....	no.	I	I	I	I	I
Spatulas, 3-inch.....	no.	I	I	I	I	I
Spirit-lamp.....	no.	I	I	I	I	I
Test case.....	no.	I	I	I	I	I
Test tubes.....	no.	I	4	4	8	8
Tubing, glass.....	lb.	I	4	4	8	I
Twine.....	lb.	I	4	4	8	I
Vials assorted.....	doz.	I	3	4	6	6
Weights, apothecary's.....	sets.	I	I	I	I	I
HOSPITAL FURNITURE.						
Basin and pitcher, delf.....	no.	I	I	I	I	I
Basin and pitcher, metal.....	no.	I	2	2	2	3
Basin, tin dressing.....	no.	I	2	2	3	3
Bed-pan.....	no.	I	I	I	2	2
Bowls, pint.....	no.	I	2	3	4	4
Brush, dust.....	no.	I	I	I	I	I

SUPPLY-TABLE—Continued.

Articles.	Less than 50 men.	50 to 100 men.	100 to 200 men.	200 to 400 men.	400 and upwards.
HOSPITAL FURNITURE.					
Bucket, tin	no.	1	1	2	2
Bucket, wood	no.	1	1	2	2
Candlesticks	no.	1	2	4	4
Chairs	no.			2	3
Close-stool, large	no.			1	1
Close-stool, small	no.	1	1		
Cups and saucers	no.	2	3	6	6
Feeding cups	no.	1	2	4	4
Filter, water	no.		1	1	1
Knives and forks	no.	2	4	6	6
Ladle	no.		1	1	1
Lamps, hanging	no.	1	2	2	2
Lantern, hand	no.		1	1	1
Mugs	no.	1	1	2	4
Pans	no.		1	2	4
Sauce-pans	no.		2	3	3
Shovels, dust	no.		1	1	1
Spit-cups	no.	2	4	4	6
Spoons, medicine	no.	1	2	2	0
Spoons, table	no.	1	4	6	8
Spoons, tea	no.	1	4	6	8
Table, writing and operating	no.			1	1
Table, writing	no.		1		
Tea-pot	no.		1	1	1
Tub, foot	no.			5	1
Tumblers	no.	1	2	2	4
Urinals, glass	no.	2	2	2	2
Wine-glasses	no.	1	2	4	4
BEDDING.					
Bed-spreads	no.	2	4	6	8
Blankets	no.	2	2	4	0
Mattresses, hair	no.		2	4	6
Mattress-covers	no.		2	4	0
Pillows	no.		2	4	6
Pillow-covers	no.		2	4	6
Pillow-cases	no.		4	8	12
Pillow-cases, gum	no.		1	2	2
Sheets, cotton	no.	6	12	24	
Sheets, gum	no.	1	1	2	2
Towels	no.	4	6	12	16

SUPPLY-TABLE—Continued.

Articles.

		Less than 50 men.					400 and upwards.
		50 to 100 men.	100 to 200 men.	200 to 400 men.	400 and upwards.		
BOOKS.							
Dispensatory	no.	1	1	1	1	1	
Parke's Hygiene	no.	1	1	1	1	1	
Formulary	no.	1	1	1	1	1	
STATIONERY.							
Blank-book, foolscap, 4-quire	no.	1	2	2	2	2	
Blank-book, foolscap, 2-quire	no.	1	2	2	3	3	
Blank-book, small quarto	no.	1	2	2	3	3	
Envelopes, official	no.	25	25	50	50	100	
Envelopes, small	no.	25	25	50	50	100	
Eraser, knife	no.	1	1	1	1	1	
India rubber	pieces	1	1	1	1	1	
Ink, black	bot.	1	1	2	2	4	
Ink, red	bot.	1	1	1	1	1	
Inkstands	no.	1	1	1	2	2	
Lead pencils	no.	2	2	6	6	8	
Medical journals	no.	1	1	2	3	4	
Mucilage	bot.	1	1	1	1	1	
Paper, blotting	qrs.	1	1	1	1	1	
Paper, envelope	qrs.	1	1	2	4	4	
Paper, filtering	qrs.	1	1	2	4	6	
Paper, foolscap	qrs.	4	10	10	10	10	
Paper, official	qrs.	2	5	5	5	10	
Paper, letter	qrs.	2	5	10	10	10	
Paper, ruled note	qrs.	1	2	5	10	10	
Paper, wrapping, blue	qrs.	1	2	10	15	20	
Paper, wrapping, white	qrs.	2	5	5	10	10	
Penholders	no.	2	6	6	12	12	
Penknives	no.	1	1	1	1	1	
Pens, steel	box.	1	1	1	1	1	
Portfolios	no.	1	1	1	1	1	
Quills	no.	25	25	25	25	25	
Rulers	no.	1	1	1	1	1	

CONTENTS OF INSTRUMENT CASES.

General Operating Case.

- 1 large saw;
- 1 butcher's saw with extra blade.
- 1 metacarpal saw with movable back.
- 1 chain saw.
- 1 Hey's saw.
- 2 trephines (1 small, 1 large).
- 1 elevator.
- 3 bone-cutting forceps.
- 3 bone-holding forceps.
- 3 gouges.
- 4 bone-drills (with one handle).
- 1 straight knife, 9½-inch cutting-edge.
- 1 straight knife, 7-inch cutting-edge.
- 1 catling, 8-inch.
- 1 catling, 6½-inch.
- 1 cartilage-knife.
- 7 scalpels (3 dissecting, 4 large).
- 2 tenacula.
- 3 artery-forceps (1 Liston's b. d., 1 slide-catch, 1 dissecting).
- 1 dressing-forceps.
- 3 probes (1 Nelaton's bullet-probe and 2 silver).
- 2 directors.
- 1 probang.
- 1 bristle probang.
- 1 œsophageal forceps (Bond's).
- 6 pair serre-fines.
- 1 straight trocar and canula.
- 1 curved trocar and canula.
- 2 tracheotomy-tubes (1 large, 1 medium).
- 1 tongue-depressor.
- 12 yards suture-wire (9 yards silver, 3 yards lead).
- 2 metal retractors.

- 12 surgeon's needles (6 sharp and 6 curved).
- 6 wire suture-needles and 3 Emmett's.
- 1 needle-carrier and cutting-pliers.
- 2 dozen suture-pins.
- 1/4 ounce ligature-silk.
- 1 Sim's torsion-forceps.
- 1 screw tourniquet.
- 1 straight probe-pointed bistoury.
- 1 straight sharp-pointed bistoury.
- 1 curved probe-pointed bistoury.
- 1 curved sharp-pointed bistoury.
- 1 curved hernia-knife.
- 1 lithotomy-scalpel (sharp-pointed).
- 1 lithotomy-bistoury (probe-pointed).
- 1 aneurism-needle (with set of movable points, Mott's).
- 2 pair scissors (1 straight, 1 curved on edge).
- 1 bullet-forceps (Gross').

Expeditionary and Boat Case.

- 1 straight knife, 10 inches.
- 1 catting, 9 inches.
- 1 straight knife, 8 inches.
- 1 scalpel, 3 inches.
- 1 bistoury, 3 inches.
- 1 tenaculum.
- 1 artery-needle.
- 2 artery-forceps (1 Liston's, 1 slide-catch).
- 1 amputating-saw.
- 1 metacarpal saw.
- 1 bone-cutting forceps (Liston's).
- 1 bullet-forceps (Tiemann & Co.).
- 1 tourniquet, screw.
- 1 dozen needles.
- 3 skeins silk.

Pocket Case.

- 1 straight finger-knife.
- 1 double-edged scalpel.
- 1 curved bistoury, sharp-pointed.
- 1 catheter (Parker's).
- 1 tenaculum, with 3 movable points (artery-needle, etc., Mott's).
- 1 lancet, thumb in one end, vaccinator in the other.
- 1 curved bistoury, probe-pointed.
- 1 exploring trocar.
- 1 razor (small).
- 1 tenotome.
- 1 pair scissors, straight.
- 1 pair scissors, curved or flat.
- 1 dressing-forceps.
- 1 artery-forceps (Amussat's, arranged to carry needle).
- 1 artery-forceps (Liston's bull-dog, fenestrated).
- 1 lancet, abscess.
- 2 probes, silver.
- 1 probe with porte-mèche and porcelain button.
- 1 director, silver curved spatula-handle.
- 1 double canula.
- 25 silvered entomological pins.
- 6 suture-needles, 3 straight, 3 grooved for wire.
- 6 acupuncture needles.
- Silver and lead wire.

Eye and Ear Case.

- 1 Anel's (silver) syringe and probe.
- 1 set Bowman's probes, Nos. 1 to 8.
- 1 cilia-forceps.
- 1 iris-forceps.
- 2 Von Græfe's knives.
- 1 Weber's canaliculus knife.
- 1 pair scissors, Noyes' iris.
- 1 Critchett's spoon.

- I strabismus-hook.
- I Noyes' eye-speculum.
- I hydrocele-syringe, with stop-cock and ear-piece.
- I set specula (Toynbee's).
- I curette, Gross'.
- I eustachian catheter.
- I Politzer's bag.
- I Toynbee's forceps.

Urinary Case.

- I set (Van Buren's) bougies, nickel-plated, Nos. 6, 9, 12, 15, 18.
- I straight sound.
- I grooved staff, medium (Little's).
- 3 catheters, silver, Nos. 3, 6, 9.
- I prostatic catheter (Van Buren's).
- I prostatic catheter (Squire's).
- I lithotomy-forceps.
- I whalebone bougies.
- 3 s. s. bougies, Nos. 1 to 6, inclusive, double.

Dental Case No. 1.

- I upper-bicusped forceps.
- I lower-incisor forceps.
- I right upper-molar forceps.
- I left upper-molar forceps.
- I lower-molar forceps for both sides.
- I widom-tooth forceps (bayonet).
- I front-root forceps.
- I back-root forceps (bayonet).
- 2 elevators.
- I gum lancet.

Dental Case No. 2.

- I upper-incisor forceps.
- I lower-incisor forceps.

- I universal forceps.
- I lower-molar forceps.
- I root-forceps.
- I elevator.
- I gum-lancet.

Autopsic Case.

- I aneurism needle, large.
- I blow-pipe.
- I brain-knife, double edged.
- I cartilage-knife.
- I set chain-hooks.
- I gouge and I chisel.
- I costatome.
- I director.
- I enterotome.
- I Billings' dissecting forceps.
- I hammer.
- 3 large needles.
- I saw.
- 4 scalpels, assorted sizes.
- I pair scissors.
- I tenaculum.

Laryngoscope Case.

- I 3½-inch mirror with head band.
- 2 laryngeal mirrors, Nos. 3 and 5.
- I pair Shimrock's laryngeal forceps.

Aspirator.

- I pump and tubing.
- 3 trocars and needles, nickel-plated.
- I 32-ounce bottle, graduated.

General Operating Case (Wood's) No. 2.

- 1 pair silver probes.
- 2 steel sounds.
- 1 long amputating knife.
- 1 circular knife.
- 1 catling.
- 1 trepanning scalpel with raspatory.
- 1 spiral tourniquet.
- 12 needles, silk, wax, plastic pins.
- 1 trepanning brush.
- 1 metacarpal saw.
- 1 Tiemann & Co.'s bullet forceps.
- 1 pair straight dressing scissors.
- 1 pair curved eye scissors.
- 1 Hey's saw.
- 1 silver-plated catheter.
- 1 gum-elastic catheter.
- 2 gum-elastic bougies.
- 1 capital saw.
- 1 pair Liston's bone-forceps.
- 1 trephine and handle, Galt's.
- 1 pair spring-catch artery forceps, plain.
- 1 trepanning elevator.
- 1 director, steel.
- 1 Beer's cataract knife.
- 1 curved sharp-pointed bistoury.
- 1 curved probe-pointed bistoury.
- 2 scalpels.
- 1 plain aneurism-needle.
- 1 tenaculum.
- 1 strabismus blunt hook.
- 1 straight eye-needle.
- 1 curved eye-needle.
- 1 curved eye-forceps, strabismus.

Set of Splints.

- 1 double inclined plane.
- 1 long splint, for fractures of the lower extremities, with a belt and perineal pad and strap.
- 1 short carved splint, for the inside of the thigh.
- 2 carved splints for general use.

(All these have pads fitted and tied to them.)

- 1 set of leathered wooden splints.
- 2 sheets of cotton wadding.
- 1 package of tow.

The double inclined plane has the lower part so arranged as to be easily detached and used separately as a fracture-box when required; it has also large buttons on the bottom, which, when turned crosswise, make the apparatus rest more firmly on the mattress.

The long splint, for the lower extremities, is adapted for the use of an adhesive-plaster extending-band. A strip of adhesive plaster, about two inches wide, is to be applied to the limb in the direction of its axis from the seat of fracture, down one side and up the other, leaving a loop or stirrup under the sole of the foot. The whole is then enveloped with a roller bandage, applied with a moderate degree of firmness. A thin piece of board, about two inches square, is made to adhere to the inside of the loop or stirrup at the sole of the foot, and around this, and over the hook of the splint, a piece of tape is passed, by which to make extension.

A pocket is made in the belt to receive the upper end of the splint, and the buckles on the outside of the pocket receive the ends of the perineal straps for counter extension.

To adapt the splint to opposite sides, it is only necessary to take out the hook and adjust it so that the opening may look upward.

Contents of Box for Examination of Air.

- 2 glass bottles with India rubber stoppers.
- 1 Mohr's bruette, 50 c. c., complete.
- 1 glass graduate, 60 c. c.
- 1 glass bottle, 1,000 c. c. capacity.
- 1 glass bottle for lime-water.
- Glass rods, q. s.
- Sheet rubber, q. s.
- Litmus or turmeric paper, q. s.
- Oxalic acid, crystallized, in small glass bottles, each containing 2.25 grammes of acid.

Test Case.

Red and blue litmus paper.
Forceps.
Urinometer.
4 porcelain capsules and covers.
2 separating glasses.
4 test tubes.
3 glass tubes.
3 glass rods.
3 watch glasses.
1 gas-tube, 25 c. c.
1 graduated tube, with foot, 25 c. c.
2 glass funnels.
2 small beakers.
1 pipette, 5 c. c. graduated in 1-10.
2 sheets Swedish filtering paper, "J. H. Munktell."
1 mahogany case.
1 set centesimal weights.
1 ounce acetic acid, c. p.
1 ounce hydrochloric acid, c. p.
1 ounce nitric acid, c. p.
1 ounce sulphuric acid, c. p.
Potassium hydrate.
Barium chloride.
Sodium acetate.
Ammonium oxalate.
Uranium nitrate.
Potassium chromate.
Sodium carbonate, free from chlorides.
Wire gauze, 5 by 5.
Calcium carbonate, pure.
"Memoranda to accompany the Naval Test Case."

STATISTICAL NOMENCLATURE
OF
DISEASES, ETC.

GENERAL DISEASES.

CLASS I.—ZYMOTIC DISEASES.

Order I.—Miasmatic Diseases.

Catarrhus epidemicus.	Febris remittens.
Cholera epidemica.	Febris typhus.
Cynanche parotidea.	Morbilli.
Denguis.	Pertussis.
Diphtheria.	Phagedæna putris.
Erysipelas.	Pyæmia.
Febricula.	Roseola.
Febris cerebro-spinalis.	Scarlatina.
Febris continua simplex.	Vaccina.
Febris enterica.	Varicella.
Febris flava.	Variola.
Febris intermittens.	Varioloides.
Febris recidiva.	

Order II.—Enthetic Diseases.

Gonorrhœa.	Syphilis primitiva.
Ophthalmia gonorrhœica.	Syphilis consecutiva.

Order III.—Dietic Diseases.

Alcoholismus.	Fames.
Delirium tremens.	Scorbutus.
Ebriositas.	

CLASS II.—CONSTITUTIONAL DISEASES.

Order I.—Diathetic Diseases.

Adynamia.	Hydrops.
Anæmia.	Podagra.
Carcinoma.	Rheumatismus acutus.
Diabetes.	Rheumatismus chronicus.
Gangraena senilis.	

Order II.—Developmental Diseases.

Atrophia.	Hypertrophia.
Degeneratio.	Senectus.

Order III.—Tubercular Diseases.

Scrofula.	Tuberculosis.
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CLASS III.—PARASITIC DISEASES.

Scabies.	Vermes.
Tinea.	

SPECIAL DISEASES.**CLASS IV.—LOCAL DISEASES.****Order I.—Diseases of the Nervous System.**

Apoplexia.	Melancholia.
Cephalalgia.	Meningitis.
Cerebritis.	Myelitis.
Chorea.	Nausea marina.
Dementia.	Neuralgia.
Epilepsia.	Nostalgia.
Insolatio.	Paralysis.
Irritatio spinalis.	Pleurodynia.
Mania.	Tetanus.

Order II.—Diseases of the Eye and Appendages.

Amaurosis.	Keratitis.
Asthenopia.	Nyctalopia.
Cataracta.	Ophthalmia.
Conjunctivitis	Ophthalmia tarsi.
Fistula lachrymalis.	Pterygium.
Hemeralopia.	Retinitis.
Hordeolum.	Scleratitis.
Iritis.	Ulcus corneæ.

Order III.—Diseases of the Ear.

Otalgia.	Otorrhœa.
Otitis.	Surditas.

Order IV.—Diseases of the Teeth.

Odontalgia. Parulis.

Order V.—Diseases of the Circulatory System.

Aneurysma.	Morbi valvularum cordis.
Angina pectoris.	Palpitatio.
Dilatatio cordis.	Pericarditis.
Endocarditis.	Phlebitis.
Hydrops pericardii.	Syncope.
Hypertrophia cordis.	Varix.

Order VI.—Diseases of the Respiratory System.

Apnoea.	Hæmoptysis.
Asthma.	Laryngitis.
Bronchitis acuta.	Phthisis pneumonica acuta.
Bronchitis chronica.	Phthisis pneumonica chronica.
Catarrhus.	Pleuritis.
Epistaxis.	Pneumonia.
Emphysema.	Pneumo-thorax.
Hydrothorax.	

Order VII.—Diseases of the Digestive System.

Ascites.	Gastritis.
Cholera morbus.	Gastrodynia.
Cirrhosis hepatis.	Hæmatemesis.
Colica.	Hæmorrhoids.
Congestio hepatis.	Hepatitis acuta.
Constipatio.	Hepatitis chronica.
Diarrhoea acuta.	Icterus.
Diarrhoea chronica.	Peritonitis.
Dysenteria acuta.	Pharyngitis.
Dysenteria chronica.	Prolapsus ani.
Dyspepsia.	Rhagades ani.
Enteritis.	Splenitis.
Fauces ulcerosa.	Stomatitis.
Fistula in ano.	Tonsillitis.

Order VIII.—Diseases of the Urinary and Genital Systems.

Albuminuria.	Hydrocele.
Balanitis.	Ischuria.
Calculus.	Nephritis.
Chancroid.	Orchitis.
Cystitis.	Paraphymosis.
Dysuria.	Phymosis.
Enuresis.	Spermatorrhœa.
Fistula vesice.	Urethrae strictura.
Hæmaturia.	Varicocele.

Order IX.—Diseases of the Locomotive System.

Arthritis.	Necrosis.
Ankylosis.	Ostitis.
Caries.	Periostitis.
Coxalgia.	Synovitis.
Hydrops articulorum.	

Order X.—Diseases of the Integumentary System.

Abscessus.	Onychia.
Acne.	Paronychia.
Adenitis.	Pemphigus.
Anthrax.	Pernio.
Ecthyma.	Porrigo.
Eczema.	Prurigo.
Erythema.	Psoriasis.
Furunculus.	Rupia.
Herpes.	Unguis involutis.
Impetigo.	Ulcus.
Lepra.	Urticaria.
Lichen.	

CLASS V.—NON-MALIGNANT TUMORS AND CYSTS.

Adenoma.	Lipoma.
Angeioma.	Neuroma.
Condyloma.	Osteoma.
Cystis.	Polypus.
Enchondroma.	Sarcoma.
Fibroma.	

CLASS VI.—VIOLENT DISEASES AND DEATHS.

Order I.—Wounds, Injuries, and Accidents.

Abrasio.	Stremma.
Ambustio.	Submersio.
Concussio cerebri.	Venenatio.
Congelatio.	Vulnus contusum.
Contusio.	Vulnus incisum.
Explosio.	Vulnus laceratum.
Fractura.	Vulnus punctum.
Hernia.	Vulnus sclopetarium.
Luxatio.	Vulnus venenatum.

Order II.—Homicide.**Order III.—Suicide.****Order IV.—Execution.**

NOTE.

Diseases not mentioned should be grouped under the respective orders to which they may belong: *e. g.*, *Oesophagitis*, Class **IV**, Order **VII**, Diseases of the Digestive System.

For the purposes of amplification, the following examples may be cited:

CLASS I, ORDER I.—*Febris Intermittens*; may be quotidian, etc.

Febris Remittens; may be pernicious, etc.

ORDER II.—*Ophthalmia Gonorrhœica*; may affect right, left, or both eyes.

CLASS II. *Carcinoma*; part affected, variety of, etc.

CLASS III. *Vermes*; variety of, etc.

CLASS IV. *Paralysis*; variety of, part affected, etc.

CLASS VI. *Fractura*; variety of, part affected, etc.

Hernia; Femoral, Inguinal, etc., etc.

Any and all such departures from the prescribed classification of diseases should be noted, the reasons for so doing being given by the medical officer making such addition.

Ration Notices.

[In manuscript.]

U. S. NAVAL HOSPITAL, _____,
_____, 18____.

To _____.

SIR :

_____, rated on your books as _____, has (have) been admitted into the hospital, and the issue of his (their) rations will cease from the _____, inclusive.

Respectfully,

[Signature of Medical Officer.]

U. S. NAVAL HOSPITAL, _____,
_____, 18____.

To _____.

SIR :

_____, rated on your books as _____, and admitted into this hospital on _____, has (have) been this day discharged to _____, having been subsisted — days.

Respectfully,

[Signature of Medical Officer.]

[The names of all persons admitted or discharged on the same day may be included in the respective notices.]

Supply-Table for Medical Outfit for the Boat of the Medical Officer.

(To be put up at the Laboratory and supplied as part of the outfit of the vessel.)

Articles.	Quantities.	Uses.
Whisky.....	2 bottles—8 oz . . .	Stimulants for exhausted and wounded men.
Extract of beef.....	1 jar	
Laudanum.....	1 bottle—4 oz . . .	To relieve pain.
Chloroform.....	1 bottle—8 oz . . .	
Diarrhoea mixture.....	1 bottle—4 oz . . .	To check diarrhoea.
Lime-water and linseed oil, equal parts.	1 pint	For burns and scalds.
Sulphate of zinc.....	4 powders—5 grs . . .	Emetics in cases of poisoning.
Ipecacuanha, fluid ext.....	1 bottle—1 oz . . .	
Liq. ferri subslph.....	1 bottle—4 oz . . .	
Adhesive plaster.....	2 yards	
Isinglass plaster.....	1 yard	
Lint.....	1 pound	
Muslin.....	2 yards	
Bandages, assorted.....	12	For arresting hemorrhage and dressing wounds.
Tourniquets, field.....	10	
Ligatures, silk.....	6	
Needles, threaded.....	3	
Pins.....	1 ounce	
Scissors.....	1 pair	
Soap.....	2 ounces	
Sponges.....	3	
Towels.....	3	
Tumbler.....	1	
Wine-glass.....	1	
Measure-glass, 1-oz.....	1	
Teaspoon.....	1	
Tablespoon.....	1	For administering medicines.

Every article to be labeled with its use, and each medicine to be distinctly marked, with directions for administration and quantity of dose.

Record of Physical Condition.

Name: _____, Rate: _____.
 Born: _____, 18____, at _____.
 Complexion: _____. Hair: _____. Eyes: _____.
 Other personal characteristics: _____.
 Former residence: _____.
 Former occupation: _____.
 Family history: _____.

Signature of medical
examiner.

Date of examination.
State of health, etc.

Pulse (minutes).

Visio[n (Sneileen).

Spetrometer.

Expansion.

Stethometer.

Vortex to per-

Vortex to ground.

Weight.

Age.

Days.

Hours.

Minutes.

Seconds.

Where
examined.

Date of examination.

O

